

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-022552
STATE FILE NUMBER

FILED JUN 26 1958 Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon Hudson Twp		c. CITY OR TOWN Miami Ottawa	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Sanatorium		Length of stay in 1b 6 years	
3. NAME OF DECEASED (Type or print) Helena Rosser Cooper		4. DATE OF DEATH May 31 1958	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 15, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bowling Green, Indiana / U.S.
13. FATHER'S NAME Edwin Rosser		14. MOTHER'S MAIDEN NAME Margaret Wesley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT daughter		Address Colo. Mrs. George Holvey, Woodland Park, Co	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis		4 20 / 1 hr.
DUE TO (c) ch br syndrome associated with cerebral		indefinite
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) (arteriosclerosis)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 5 Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **July 24, 1952** to **May 31, 1958** and last saw her **him** alive on **May 31, 1958**
Death occurred at **5** a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Anna L. Mauck Do	22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 5-31-'58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Coffeyville	23d. LOCATION (City, town, or county) (State) Kansas
24. FUNERAL DIRECTOR R. Lester Bram	ADDRESS Macon, Mo.	25. DATE RECD. BY LOCAL REG. 6/18/58	26. REGISTRAR'S SIGNATURE Kath McNeely

(Licensed Embalmer's Statement on Reverse Side)

300 1-56 06 10 0
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 16 1958

County File No. 6-58-73
Date Filed 6-25-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *R. Lester Bram*

Licensed Embalmer No. 44

P. O. Address *Maun*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.