

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028690  
STATE FILE NUMBER

FILED SEP 5 1958 Registration District No. 109 Primary Registration District No. 3019 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Kennett</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kennett Mo.</b> 03520 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>601 Wayne St.</b>		Length of stay in 1b <b>21 Years</b>	d. STREET ADDRESS <b>601 Wayne St</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Minnie</b> Middle <b>Bell</b> Last <b>Cooper</b>	4. DATE OF DEATH Month <b>Aug.</b> Day <b>22-</b> Year <b>1958</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 16- 1902</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>6</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (City and state or country) <b>Campbell 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13. FATHER'S NAME <b>Steve Perkins</b>	14. MOTHER'S MAIDEN NAME <b>Unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT <b>Elton Cooper</b>	Address <b>Kennett Mo.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Gall Bladder</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo + -</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>with metastasis</b>	
	DUE TO (c) <b>1551</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a. m. <b></b> p. m. <b></b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Kennett Mo.</b>	COUNTY <b></b> STATE <b></b>
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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 <b>Kennett Mo.</b>	COUNTY <b></b> STATE <b></b>
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21. I attended the deceased from **June 15 '58** to **Aug 22, 1958** and last saw her/him alive on **July 1958**  
Death occurred at **5:25 P. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Paul C. Wittenberger MD.</b>	22b. ADDRESS <b>Kennett Mo.</b>	22c. DATE SIGNED <b>8-26-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-24-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kennett Mo.</b>
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24. FUNERAL DIRECTOR <b>Lentz Service</b>	ADDRESS <b>Kennett Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-26-1958</b>	26. REGISTRAR'S SIGNATURE <b>Carl Thurman</b>
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service 352 1 300 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Edgar J. ...*

Licensed Embalmer No. 4431

P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.