

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037696

State File No.

FILED OCT 23 1958

318

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9736

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS				c. LENGTH OF STAY (in this place) 2 WKS.		a. STATE Missouri		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL				c. CITY (If outside corporate limits, write RURAL and give township) LEADWOOD		b. COUNTY ST. FRANCIS		
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. STREET ADDRESS (If rural, give location)		
a. (First) RICHARD		b. (Middle) LEE		c. (Last) COOPER		31		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 2/15/41		
9. AGE (In years last birthday) 17		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (If retired)		10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Albert L. Cooper			13b. MOTHER'S MAIDEN NAME Hallie Wilkison			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ALBERT L. COOPER		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			Spontaneous Cerebrothrombosis, tension left ruptured				1.5 min	
ANTECEDENT CAUSES			Bullosa emphysemata, left				unknown	
*Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)				527.1 C	
DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.			Post-polio myelitis quadruplegia 2 yrs					
19a. DATE OF OPERATION 10-9-58		19b. MAJOR FINDINGS OF OPERATION Bronchopneumonia - extensive, occlusion left mainstem bronchus				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 9-25-58 to 10-9-58, that I last saw the deceased alive on 10-9-58, and that death occurred at 1055 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) William Bellizzi MD				23b. ADDRESS 3730 Washington A 1/2 mi		23c. DATE SIGNED 10-9-58		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10/9/58		24c. NAME OF CEMETERY OR CREMATORY LEADWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) LEADWOOD, MO.		
DATE REC'D BY LOCAL REG. OCT 1 1958		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Robert L. Bayer		ADDRESS Leadwood Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed William E. Bayne

Licensed Embalmer No. 4730

P. O. Address Leahwood, 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 this body is not embalmed, fact should be so stated above.