

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000790

STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 29

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1-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. CITY OR TOWN Kennett 0352
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Memorial Hospital		Length of stay in lb 14 years	d. STREET ADDRESS (If outside, give location) 1019 Vine St.
3. NAME OF DECEASED (Type or print) First Middle Last Millage Franklin Cooper			4. DATE OF DEATH Month Day Year Jan. 31 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2nd- 1918
9a. AGE (In years last birthday) 40		9b. IF UNDER 1 YEAR Months 8 Days 29	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Upholstering		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Campbell
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jake Cooper	
13b. MOTHER'S MAIDEN NAME Mamie Akers		14. NAME OF HUSBAND OR WIFE Helen Cooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Mar 2		16. SOCIAL SECURITY NO. 498-12-9063	17. INFORMANT Helen Cooper
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aneurism of cerebral vessel?			
DUE TO (c)			
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 Death occurred at Jan 31, 1959, 10:00 P.M. to Jan 31, 1959 and last saw him alive on Jan 31, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chetan R. Beck M.D.		22b. ADDRESS Kennett Mo.	22c. DATE SIGNED 2-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-2-59	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Kennett Mo.
24. FUNERAL DIRECTOR Lentz Service		ADDRESS Kennett Mo.	25. DATE RECD. BY LOCAL REG. Feb 5-1959
26. REGISTRAR'S SIGNATURE Earl Hushard			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 18 1950

STATEMENT BY LICENSED EMBALMER

FEB

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 *Edward Fred Ford*

Licensed Embalmer No. 4433
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.