

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002026

State File No.

No. 300
10.48

REC'D FEB 16 1959

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3446 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe	c. LENGTH OF STAY (If in hospital) 9 Mos.	c. CITY OR TOWN Chillicothe	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 16 Clay St.		STREET ADDRESS (If rural, give location) 16 Clay St.	

3. NAME OF DECEASED (Type or Print)	a. (First) ALPHA	b. (Middle) ANN	c. (Last) COOPER	4. DATE OF DEATH (Month) (Day) (Year) February 9, 1959
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 22, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Albany, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Spainhour	13b. MOTHER'S MAIDEN NAME Lucinda Walltrip	14. NAME OF HUSBAND OR WIFE John Newton Cooper
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Beulah McCracken Chillicothe, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Passive Congestive DUE TO (c) Adeno-Ca. Pancreas		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 157X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-10, 1953, to 2-9-59, 1959, that I last saw the deceased alive on 2-9-59, 1959, and that death occurred at 1:15p m., from the causes and on the date stated above.

23a. SIGNATURE R. W. Mutheny	(Degree or title) R.O. 2	23b. ADDRESS Chillicothe, Missouri	23c. DATE SIGNED 2/10/59
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-12-59	24c. NAME OF CEMETERY OR CREMATORY Plainview Cemetery	24d. LOCATION (City, town, or county) (State) Chula, Missouri
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DATE REC'D BY LOCAL REG. 2-10-59	REGISTRAR'S SIGNATURE Frances B Keril	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed. *Elton Ransom*.....

Licensed Embalmer No. 4036

P. O. Address Chillicothe,

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.