

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014077

STATE FILE NUMBER
74

FILED MAY 12 1959

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 74

300
-57

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Macon</u>		c. CITY OR TOWN <u>Bevier</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>16 da</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>E</u> Last <u>Cooley</u>			4. DATE OF DEATH Month <u>4</u> Day <u>13</u> Year <u>59</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-11-80</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>6</u> Hours <u>0</u>	11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner Coal</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Macon Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Jessie D. Cooley</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Peterson</u>	14. NAME OF HUSBAND OR WIFE <u>Bertie Cooley</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>331X</u>	17. INFORMANT Address <u>Bertie Cooley Bevier</u>
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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) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension</u>	
	DUE TO (c) <u>Arteriosclerosis</u>	
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 <u>11:40</u> Month <u>April</u> Day <u>13</u> Year <u>59</u> 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 <u>Bevier</u> COUNTY <u>Macon</u> STATE <u>Mo</u>
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21. I attended the deceased from <u>Jan 1956</u> to <u>April 1959</u> and last saw him alive on <u>4-12-59</u> Death occurred at <u>11:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Walter H. Coffin, D.O.</u>	22b. ADDRESS <u>106 S. Vine, Macon</u>	22c. DATE SIGNED <u>4-21-59</u>
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23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <u>4-16-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>
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24. FUNERAL DIRECTOR ADDRESS <u>H.C. Edwards, Bevier Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4/29/59</u>	26. REGISTRAR'S SIGNATURE <u>Cuth M Neely</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 13 1959

Date Filed

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 *H. B. Edwards*

Licensed Embalmer No. *1961*
P. O. Address *Paris*

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.