8

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017131

STATE FILE NUMBER 165

FILED JUN 4 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Chas. Still Hospt. — Length of stay in 1b 14 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller
c. CITY OR TOWN Eldon — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 104 N. Mill — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Annie Middle: Lee Last: Cooper

4. DATE OF DEATH Month May Day 25 Year 1959

5. SEX Female

6. COLOR OR RACE Caucasian

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH Nov. 26, 1924

9. AGE (In years on last birthday) 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mach. Operator - Twedies Mfg. Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kaiser, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John William Murray

13b. MOTHER'S MAIDEN NAME Sopronia E. Jeffries

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 494-22-2271

17. INFORMANT Dorothy Vaughn — Address Eldon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary Paralysis (Increased Intracranial Pressure) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 18 hours
DUE TO (c) Cerebral Abscess — ?
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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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~~ on 5-24-59 to ——— and last saw her/him alive on 5-24-59
Death occurred at 9:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Louis E. Hundley (Degree or title) D.O.

22b. ADDRESS Eldon, Mo

22c. DATE SIGNED 5-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE May 27, 1959

23c. NAME OF CEMETERY OR CREMATORY New Hope

23d. LOCATION (City, town, or county) Kaiser (State) Mo.

24. FUNERAL DIRECTOR Louis D. Phillips ADDRESS Eldon

25. DATE RECD. BY LOCAL REG. 27 May 1959

26. REGISTRAR'S SIGNATURE R. P. Norris, M.D. M.R.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

eolth, Welfare ublic ervice

300 -57

JUL 21 1959

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.