

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022192

STATE FILE NUMBER

FILED JUN 19 1959 Registration District No. 212 Primary Registration District No. 40-33 Registrar's No. 9

S. 300
v. 1-57
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1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELDON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ELDON 6661
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E-15th St		Length of stay in 1b 11 YRS	d. STREET ADDRESS (If outside, give location) E-15th St
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Ida MAY COOPER			4. DATE OF DEATH Month Day Year MAY 31 1959		
5. SEX Female	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 26 Nov-1882	9. AGE (In years last birthday) IF UNDER 1 YEAR 76 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY AT-Home	11. BIRTHPLACE (City and state or country) ENON-Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Joseph-Shikles		13b. MOTHER'S MAIDEN NAME Louisa-Shaton		14. NAME OF HUSBAND OR WIFE MILTON-Cooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address MILTON-Cooper-ELDON-Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis & ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	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.) None	
20c. TIME OF INJURY Hour a.m. p.m. None		

20d. INJURY OCCURRED WHILE AT <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.) None	20f. CITY, TOWN, OR LOCATION None	COUNTY None	STATE
21. I attended the deceased from Nov. 1958 to May 31, 1959 and last saw her alive on May 30, 1959 Death occurred at 7:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Dr. E. Munnell		22b. ADDRESS ELDON-Mo	22c. DATE SIGNED JUNE 59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2 June-59	23c. NAME OF CEMETERY OR CREMATORY Gott-	23d. LOCATION (City, town, or county) (State) Miller-Co-Mo
24. FUNERAL DIRECTOR ADDRESS Keith M. Boyd ELDON-Mo		25. DATE RECD. BY LOCAL REG. June 2, 1959	26. REGISTRAR'S SIGNATURE Alvernetta Waltz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Keith McKays*

Licensed Embalmer No. *3998*
P. O. Address *Eldon 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.