RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1959

59-028528
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville
Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Joseph Hosp
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Cooper
c. CITY OR TOWN: Pleasant Green
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): none
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ELVERDIA Middle: REBECCA Last: COOPER

4. DATE OF DEATH: Month Aug Day 13 Year 1959

5. SEX: Fem
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Mar 16 1876
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and state or country): Polk County Mo.
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: George Hayden
13b. MOTHER'S MAIDEN NAME: Nancy Dorley
14. NAME OF HUSBAND OR WIFE: Geo. Cooper-Deceased

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.: None
17. INFORMANT: Mrs Roy Brownfield Address: Billiam Mo

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): Arterio-sclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): senility
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

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 Aug 11-59 to Aug 13-59 and last saw her alive on Aug 13-59
Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M L Deitrich (Degree or title) MD
22b. ADDRESS: Boonville Mo
22c. DATE SIGNED: 8/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 16 59
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Green
23d. LOCATION (City, town, or county) (State): Pleasant Green Mo

24. FUNERAL DIRECTOR: Hays & Painter ADDRESS: Pilot Grove Mo
25. DATE RECD. BY LOCAL REG.: 8/14/59
26. REGISTRAR'S SIGNATURE: D E Hooper

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Preston E Hay

Licensed Embalmer No. 307

P. O. Address Pelot Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.