

UNRECORDED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY MIAMI	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 1 DAY	c. CITY OR TOWN LOUISBURG
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) WEST CITY LIMITE ROAD

3. NAME OF DECEASED (Type or print) First HOWARD Middle HOUSTON Last COOPER			4. DATE OF DEATH Month NOV. Day 8 Year 1959	
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-26-1903	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER	10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT	11. BIRTHPLACE (City and state or country) LOUISBURG, KANS.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME HOWARD COOPER	13b. MOTHER'S MAIDEN NAME RACHEL HOUSTON	14. NAME OF HUSBAND OR WIFE NONE
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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) YES WWII	16. SOCIAL SECURITY NO. 497-26-3643	17. INFORMANT HOWARD COOPER LOUISBURG, KAN.
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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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____

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 ---	COUNTY ---	STATE ---
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21. I attended the deceased from **8 Nov - 59** to **8 Nov - 59** and last saw ^{them}him alive on **8 Nov 59**
 Death occurred at **1:10 P.M. 8 Nov 59** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert M. Myers M.D.	22b. ADDRESS 1025 Quail Blv	22c. DATE SIGNED 9 Nov 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-10-1959	23c. NAME OF CEMETERY OR CREMATORY LOUISBURG CEMETERY	23d. LOCATION (City, town, or county) (State) LOUISBURG KANSAS
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24. FUNERAL DIRECTOR RUNYAN FUNERAL HOME LOUISBURG, KS	25. DATE RECD. BY LOCAL REG. 11-9-59	26. REGISTRAR'S SIGNATURE new mitchell
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert M. Myers

JAN 13 1960

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 Larry H. Todd, Student Embalmer No. 563

working under my personal supervision

Student Larry H. Todd
Signature of Student Embalmer

Signed Donald E. White

Licensed Embalmer No. 4956

P. O. Address Trinidad

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.