

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000102

FILED VS JAN 21 1960

Registration District No. 11 Primary Registration District No. 5053 Registrar's No. 2

STATE FILE NUMBER

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY BARRY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SHELL KNOB TWP.		a. STATE MO		b. COUNTY BARRY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. S. Shell Knob		Length of stay in 1b 62 yrs.		c. CITY OR TOWN SHELL KNOB		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Shell Knobb, 2 Mi S.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First PLES		Middle CLAUDE		Last COOPER		Month JAN. 1960	
Day 7		Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-15-88	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 7 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Cassville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Cooper			13b. MOTHER'S MAIDEN NAME Caroline Curthbert		14. NAME OF HUSBAND OR WIFE Cora Clanton Cpper		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Arl Cooper, Shell Knob, Mo. R.F.D.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Prostatic Carcinoma						1 yr	
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			
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.)			
20c. TIME OF INJURY Hour 7:15 p. Month, Day, Year Jan 59-							
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	
21. I attended the deceased from Jan 59- to Jan 60 and last saw him live on Jan 7-1960				Death occurred at 7:15 p. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Laparus Do. (Degree or title)			22b. ADDRESS Cassville, Missouri			22c. DATE SIGNED 1-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-10-60		23c. NAME OF CEMETERY OR CREMATORY Painter Cemetery		23d. LOCATION (City, town, or county) (State) B rry Co., Missouri	
24. FUNERAL DIRECTOR Dale E. Williamson - Cassville Mo ADDRESS			25. DATE RECD. BY LOCAL REG. 1-9-60		26. REGISTRAR'S SIGNATURE Mary McDonald, Dep.		

DOCUMENT

MEDICAL CERTIFICATION

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 Doyle E. Williams

Licensed Embalmer No. 4883

P. O. Address Cassville, T.

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