MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 15 1960

-60-038631
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 534

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE
Length of stay in 1b: 45 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE VIRGINIA b. COUNTY
c. CITY OR TOWN HIGHLAND SPRINGS
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: FRANCIS Middle: WM. J. Last: COOPER
4. DATE OF DEATH Month: NOVEMBER Day: 10, Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 3-18-1887
9. AGE (last birthday): 73
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): RETIRED POLICE OFFICER
10b. KIND OF BUSINESS OR INDUSTRY: POLICE DEPARTMENT-N.Y.
11. BIRTHPLACE (City and state or country): BROOKLYN, NEW YORK
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: WILLIAM COOPER
13b. MOTHER'S MAIDEN NAME: MARY ANN MILLER
14. NAME OF HUSBAND OR WIFE: ADA VIOLA COOPER -Dec'd
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: Edna L. Taylor, Address: 603 W.College, Indep., 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) Coronary Heart Disease with decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 months
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. ☐ 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 Sept 30, 1960, to Nov. 10, 1960 and last saw her alive on Nov 9, 1960
Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. H. Hickerson MD.
22b. ADDRESS: 604 W. Maple Independence, Mo.
22c. DATE SIGNED: 11/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 11-12-60
23c. NAME OF CEMETERY OR CREMATORY: -------
23d. LOCATION (City, town, or county) (State): Brooklyn, New York

24. FUNERAL DIRECTOR ADDRESS: GEO.C.CARSON & SONS, INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG.: 11-12-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

NOV 29 1960

JAN 13 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dean W. Huff

Signature of Student Embalmer

Licensed Embalmer No. 4914

P. O. Address Indep., Mo.

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