

AMENDED

Registration District No. 2318 Primary Registration District No. 1003 Registrar's No. 2393 STATE FILE NUMBER 10613

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u> (Mission)											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Length of stay in 1b <u>2 MONTHS</u>		c. CITY OR TOWN <u>IMPERIAL MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>SECKMAN ROAD</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>LEONA</u> Middle Last <u>COOPER</u>				4. DATE OF DEATH Month <u>MAR</u> Day <u>9</u> Year <u>1961</u>											
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>MAR 17 1908</u>		9. AGE (last birthday) <u>52</u>		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) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>IMPERIAL MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>					
13a. FATHER'S NAME <u>JOHN FLAMM</u>				13b. MOTHER'S MAIDEN NAME <u>TILLIE HAEFNER</u>				14. NAME OF HUSBAND OR WIFE <u>DECEASED - GEO COOPER</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.				17. INFORMANT <u>VERA OGLE, 3452 S. SPRING, ST. LOUIS, MO</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Recurrent Carcinoma of ovaries</u> DUE TO (b) _____ DUE TO (c) <u>175.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>			
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 checked="" 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 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			
21. I attended the deceased from <u>2-20-59</u> to <u>3-9-61</u> and last saw her <u>live</u> on <u>3-9-61</u> Death occurred at <u>3-9-61</u> <u>10:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>W. H. Hauser M.D.</u> (Degree or title)								22b. ADDRESS <u>3701 Grandbl Pk</u>				22c. DATE SIGNED <u>3/10/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>MAR 9, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST JOHN'S CEMETERY</u>				23d. LOCATION (City, town, or county) (State) <u>BECK MO</u>							
24. FUNERAL DIRECTOR <u>HELENE TAB IMPERIAL MO</u>					25. DATE RECD. BY LOCAL REG. <u>MAR 13 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>								

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 Elmer Keiligtay

Licensed Embalmer No. 3571

P. O. Address Imperial, T

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.