

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **61-029764**

AMENDED

Registration District No. 146 Primary Registration District No. 302L Registrar's No. 427

FILED AUG 29 1961

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in 1b 2 DAYS		c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SANITARIUM & HOSP.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1312 WEST LEXINGTON		
3. NAME OF DECEASED (Type or print) First Middle Last JULIUS GLENN COOPER				4. DATE OF DEATH Month Day Year AUGUST 18, 1961				
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-20-96		
9. AGE (last birthday) 65 YEARS		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) C&R SALESMAN			10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE		11. BIRTHPLACE (City and state or country) EAST ST. LOUIS, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME RICHARD HENRY COOPER				13b. MOTHER'S MAIDEN NAME BIRDIE PURNELL		14. NAME OF HUSBAND OR WIFE VIDA V. COOPER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				17. INFORMANT Address VIDA V. COOPER 1312 WEST LEXINGTON				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 2-4 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ileus, Mesenteric embolism							30 mo	
DUE TO (c) Myocardial infarction							3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) diabetes mellitus						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 checked="" type="checkbox"/> NO <input 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 8-17-61 to 8-18-61 and last saw her/him alive on _____		Death occurred at 5:45 am on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Charles A. Kenhall MD				22b. ADDRESS 10901 Wmarr Rd Indeg.		22c. DATE SIGNED 8-18-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUGUST 21, '61	23c. NAME OF CEMETERY OR CREMATORY MOUND GROVE		23d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI			
24. FUNERAL DIRECTOR ADDRESS Roland R. Speaks Funeral Home Indeg. Mo.			25. DATE RECD. BY LOCAL REG. 8-21-61		26. REGISTRAR'S SIGNATURE Alba L. Craig			

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

JUL 11 1962

APR 12 1962

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep Mo.

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.