

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045627

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 2

FILED JAN 12 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Mississippi</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>East Prairie</u>	Length of stay in 1b <u>23 years</u>	c. CITY OR TOWN <u>East Prairie</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cutliph St.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Cutliph</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Margaret</u> Middle <u>Maggie</u> Last <u>Cooley</u>	4. DATE OF DEATH	Month <u>Dec.</u> Day <u>28</u> Year <u>1961</u>
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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>6-26-1878</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months <u>8</u> Days <u>2</u>	Hours <u></u> Min. <u></u>	

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>Dickson County, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>David Eakin</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ham</u>	14. NAME OF HUSBAND OR WIFE <u>Bob Cooley</u>
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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)	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Edna Hardin, East Prairie, Mo.</u>	Address
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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:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>Arteriosclerosis</u>	
DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senile condition</u>	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 _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Jan 2/57 **to** 12/15/61 **and last saw her** 12/15/61 **him** alive on **on** 12/15/61 **Death occurred at** _____ **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE (Degree or title) <u>Gordon C. Hemphill D.O.</u>	22b. ADDRESS <u>#10 Wash. Dr. East Prairie</u>	22c. DATE SIGNED <u>1/3/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-30-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>W.O.W Cemetery</u>	23d. LOCATION (City, town, or county) <u>East Prairie, Missouri</u> (State)
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24. FUNERAL DIRECTOR <u>Travis Shelby, East Prairie, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>JAN. 9 - 1962</u>	26. REGISTRAR'S SIGNATURE <u>Jarvis Fitzgerald</u>
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DATE PREPARED BY: _____ SHOULD READ: _____ FILE NO.: _____

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 2 1962

FEB 6 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 *David Shelby Jr*

Licensed Embalmer No. 4940

P. O. Address East Prairie

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.