MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 60018888 STATE FILE NUMBER

FILED JUN 1 1 1965

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0171		
2	0171		
3	2		
4	1		
5	1		
6			
7	0		
8	2		
9	4201		
10			
11			
12	5-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY: Carroll
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carrollton — Length of stay in 1b: most of life
   c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Carroll County Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
   a. STATE: Missouri b. COUNTY: Carroll
   c. CITY OR TOWN: Carrollton — Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 603 N. Main — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SARAH Middle PAINTER Last COOPER

4. DATE OF DEATH: Month June Day 1 Year 1965

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/7/1891

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (City and state or country): Carrollton, MO.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: William Rock Painter

13b. MOTHER'S MAIDEN NAME: Cara Herndon

14. NAME OF HUSBAND OR WIFE: Hudson Cooper

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.:

17. INFORMANT Address: Hudson Cooper Carrollton, 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 occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): general arteriosclerosis
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 1955 to Present and last saw her/him alive on June 1, 1965
Death occurred at 8:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. Warren Allen MD

22b. ADDRESS: Carrollton Missouri

22c. DATE SIGNED: 6-4-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/4/1965

23c. NAME OF CEMETERY OR CREMATORY: Forest Park Cem

23d. LOCATION (City, town, or county) (State): Fort Smith, Arkansas

24. FUNERAL DIRECTOR ADDRESS: Marshall Mortuary Carrollton, Mo.

25. DATE RECD. BY LOCAL REG.: 6-4-65

26. REGISTRAR'S SIGNATURE: Mary Dean

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1966

JUL 23 1965

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 R M Marshall Jr

Licensed Embalmer No. 4469

P. O. Address Farmington 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.