

CERTIFICATE OF DEATH

VS 300 **FILED** JAN 21 1974 No. **87** Primary Registration District No. **4065** Registrar's No. **214**
Rev. 11/72

DO NOT WRITE ON THIS STUB
7b-c. **4165**
7d. **10213**
8. **29**
14a. **29**
14b. **071**
14c-d. **38352**
14e. **025**
23. **1008241**
26a. **1**
18-U. **4270**
18-S-1.
18-S-2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **Harry V. Cooper** 2. **male** 3. **December 16, 1973**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. **white** AGE—LAST BIRTHDAY (YEARS) 5a. **80** UNDER 1 YEAR 5b. **MOS.** 5c. **DAYS** 5d. **HOURS** 5e. **MIN.** DATE OF BIRTH (MONTH, DAY, YEAR) 6. **Aug. 4, 1893** COUNTY OF DEATH 7a. **Crawford**

CITY, TOWN, OR LOCATION OF DEATH 7b. **Sullivan** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. **yes** 7d. **Sullivan Community Hospital**

8. **Missouri** CITIZEN OF WHAT COUNTRY 9. **U. S. A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. **widowed** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. **none**

SOCIAL SECURITY NUMBER 12. **498-10-3188** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. **sexton** KIND OF BUSINESS OR INDUSTRY 13b. **cemetery**

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION, ZIP CODE INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP STREET AND NUMBER

14a. **Missouri** 14b. **Franklin St. Clair** 14c. **no** 14d. **central** 14e. **Star Route**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **Vetal Cooper** 16. **unknown**

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. **Eva Lee Martin** 17b. **310 Young Street; St. Clair, Mo.**

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE

(a) **Acute Congestive Heart Failure** 19. **30 min**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

Prostatic Hypertrophy

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

20b. DATE OF INJURY (MONTH, DAY, YEAR) HOUR

20c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20d. M. 20e.

20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS

20i. YES NO UNK

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR DID/DOES NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. DECEASED FROM **3-15-69** TO **12-16-73** 21b. **12-16-73** 21c. **12-16-73** 21d. **5:15A** M.

CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. HOUR OF DEATH MONTH DAY YEAR HOUR

22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR

CERTIFIER

CERTIFIER—NAME (TYPE OR PRINT) MO. LICENSE NO. SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. **R.H. Scott, D.O.** 23b. **8241** 23c. **R.H. Scott D.O.** 23d. **12-26-73**

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23e. **131 Meredith Lane, Sullivan, Mo. 63080.**

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. **burial** CEMETERY OR CREMATORY—NAME 24b. **Midlawn Memorial** LOCATION 24c. **Union, Missouri**

DATE (MONTH, DAY, YEAR) 24d. **Dec. 18, 1973** FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. **Casey-Lenox Inc 590 S. Main St. St. Clair, Mo 63077**

FUNERAL DIRECTOR—SIGNATURE 25a. **Harry E. Monroe** REG. NO. 25b. **25104** REGISTRAR—SIGNATURE 25c. **David B. Kusch** DATE RECEIVED BY LOCAL REGISTRAR 25d. **December 24, 1973**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

