DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 54704

Registration District No. ____ Primary Registration District No. 6128 Registrar's No. ____

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Eminence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon 101

(c) City or town Eminence 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Sim Otis Cooley

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Myrtle Cooley 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Aug (Month) 5- (Day) 1881 (Year)

8. AGE: Years 66 Months 1 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name James B. Cooley
13. Birthplace W Va / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Reado
15. Birthplace Texas Co Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Joe Cooley
(b) Address Eminence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Chapel Cem.

18. (a) Signature of funeral director Duncan Funeral Home
(b) Address Mountain View, Mo.

19. (a) 3 16 48 (Date received local registrar) (b) Mabel Reed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1947 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above. *

	Duration
Immediate cause of death	
Cerebral Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83B	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury 0

23. Signature Frank Hyde (M. D. or other)
Address Eminence Mo Date signed 9-8-47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RE[illegible] No. 5,
Di[illegible]
District File Number 44826 7
Date Filed 4-13-48

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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........................

...., Registered Apprentice No.......................

working under my personal supervision.

Signed Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt. View, [illegible]

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 this body is not embalmed, fact should be so stated above.