

CERTIFICATE OF DEATH

70 0041626

DO NOT WRITE ON THIS STUB

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 197

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. LOUISE H. COOPER			7. FEMALE	Oct. 31, 1970	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 83	5b.	5c.	6. Oct. 1, 1887	7a. Jefferson
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Festus		7c. No	7d. Jefferson Memorial Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Missouri	9. U.S.A.	10. Widowed	11. Deceased		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY		
12. 493-03-9124-D		13a. House wife	13b.		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Missouri	14b. Jeff.	14c. Crystal City	14d. Yes	14e. Crystal Hgts. Road	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Andrew -- Halter		16. Mary -- Cleve			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs. Marie Madison			17b. Crystal Hgts. Road Crystal City, Mo.		

DECEASED

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

PARENTS

CAUSE

PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) <i>Gram negative Septicemia</i>		DUE TO, OR AS A CONSEQUENCE OF:	<i>48 hrs.</i>
(b) <i>obstructive Pylonephritis</i>		DUE TO, OR AS A CONSEQUENCE OF:	<i>10 days</i>
(c) <i>Sept metastatic Stone</i>		DUE TO, OR AS A CONSEQUENCE OF:	<i>10 days</i>

PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))			AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a.			19a.	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20a.	20b.	20c.	20d. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.	

CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID 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. I ATTENDED THE DECEASED FROM	10 23 70	TO 10 31 70	21c. 10 31 70	21b. Did	21d. 5 PM
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.			HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD	
22a.			22b. 10 31 70	22c. 5 P M.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DIGITAL OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. W. T. Judge, Jr., M. D.		23b. <i>W. T. Judge, Jr., M. D.</i>	23c.	11/3/70	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO., CITY OR TOWN, STATE	ZIP		
23d. 125 Mississippi Avenue		23e. Crystal City, Missouri	23f. 63019		

CERTIFIER

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE
24a. Removal	24b. Copenhagen	24c. Farmington, Missouri
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24d. Nov. 2, 1970	24e. Cady Mortuary, 609 Hwy. #61-67 Crystal City, Mo.	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25a. <i>James B. Cady</i>	25b. <i>James A. [Signature]</i>	25c. Nov. 2, 1970

BURIAL

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

9. 1
10a. 83
10b.
11. 0
12. 2
13. 592X
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

60501

NOV 13 1970

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 James Richard Cady

Licensed Embalmer No. 4309

P. O. Address Crystal City, Mo. 63019

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.