

Registration District No. **529**
Primary Registration District No. **2313**

ARKANSAS STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH '58 **114606**

PLACE OF DEATH
a. COUNTY **Pulaski**
b. CITY, TOWN, OR LOCATION **NOV 26 1958**
Little Rock
c. Length of Stay in 1b
d. NAME OF HOSPITAL OR INSTITUTION **St. Vincent's Hospital**
e. IS PLACE OF DEATH INSIDE CITY LIMITS
YES NO

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE **Texas**
b. COUNTY
c. CITY, TOWN, OR LOCATION **Houston**
d. STREET ADDRESS
e. IS RESIDENCE INSIDE CITY LIMITS? YES NO
f. IS RESIDENCE ON A FARM? YES NO

1. NAME OF DECEASED (Type or print)
First **MORTON** Middle **CECIL** Last **COOPER**

4. DATE OF DEATH
Month **11** Day **17** Year **58**

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH **3-2-1913**
9. AGE (In years last birthday) **45**
If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10a. Usual Occupation (Give kind of work done during most of working life, even if retired)
Professional Baseball player

10b. Kind of Business or Industry

11. BIRTHPLACE (State or foreign country)
Atherton, Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Robert John Cooper

14. MOTHER'S MAIDEN NAME
Verne May Frazier

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 (Name):
Address
Mrs. Viola Cooper, Houston, Texas

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Septicemia due to staphylococcus aureus.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) **Pneumonia.**
DUE TO (c) **Diabetes Mellitus.**

INTERVAL BETWEEN ONSET AND DEATH
5 weeks
260X

PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition, Given in Part I (a)

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 Month Day Year
a.m. p.m.

20d. INJURY OCCURRED WHILE NOT WHILE
AT WORK 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 **10/31/58** to **11/17/58** and last saw him alive on **11/17/58**
Death occurred at **1:30 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
Walter F. Healey

22b. ADDRESS
Little Rock Ark

22c. DATE SIGNED

23a. Burial, Cremation, Removal (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR
Removal to Ott & Mitchell Funeral Home Independence, Mo.
Healey & Roth, Little Rock, Ark.

25. DATE REC'D BY LOCAL REG. **11-26-58**
26. REGISTRAR'S SIGNATURE
Harvey Wilson
DEPUTY REGISTRAR