

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

1115

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 370

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Haspita Length of stay in lb 25 yrs.		d. STREET ADDRESS (If outside, give location) 210 W. Florence Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Etta First May Middle Cooper Last		4. DATE OF DEATH Jan 22 1957 Month Jan Day 22 Year 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR 18, 1877
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Green Ridge, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John R. True		14. MOTHER'S MAIDEN NAME (Unknown)	
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. (none)	
17. INFORMANT Eva Mae Allison Marshall, Mo Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Toxic Absorption DUE TO (c) 2nd & 3rd degree Burns (40% of Body surf) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9160 16			INTERVAL BETWEEN ONSET AND DEATH 24-36 Hrs 3-4 days 1 wk
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Oil stove Blew up setting deceased on fire		
20c. TIME OF INJURY 5:00 a.m. Month Jan Day 15 Year 57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Windsor	COUNTY Henry STATE Mo
21. I attended the deceased from Jan 15, 1957 , to Jan 22, 1957 and last saw her alive on 22 Jan 57 Death occurred at 8:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Gordon Wm. Ruffel M.D.		22b. ADDRESS 114 N. Main Windsor, Mo	22c. DATE SIGNED 24 Jan 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-24-1957	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak	23d. LOCATION (City, town, or county) (Sign) Windsor Mo.
24. FUNERAL DIRECTOR ADDRESS Ellis Huston Windsor Mo.	25. DATE RECD. BY LOCAL REG. 1-29-57	26. REGISTRAR'S SIGNATURE Melched Bigum	

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Clifford Gouge....., Student Embalmer No. 52 working under my personal supervision..

Student Clifford Gouge
Signature of Student Embalmer

Signed Ellis M. Hinton

Licensed Embalmer No. 33

P. O. Address Windsor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.