

## FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006035

FILED VS MAR 14 1960

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor Township</b>		c. CITY OR TOWN <b>Windsor</b>	
Length of stay in lb <b>1 year</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 mi. S. W. of Windsor</b>		d. STREET ADDRESS (If outside, give location) <b>6 mi SW. of Windsor</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>VELMA</b> Middle <b>ROSE</b> Last <b>COOPER</b>		4. DATE OF DEATH Month <b>March</b> Day <b>10</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-20-1916</b>
9. AGE (last birthday) <b>43</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Eagle Nebraska</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Gilbert Pettit</b>		13b. MOTHER'S MAIDEN NAME <b>Leona Jenson</b>	
14. NAME OF HUSBAND OR WIFE <b>Harry Jay Cooper Jr.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>(none)</b>		17. INFORMANT Address <b>R. F. D.</b> <b>Mr. Harry J. Cooper Jr. Windsor, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sudden Death- Heart Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Coronary Insufficiency</b> DUE TO (b) <b>6 months</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Windsor, Missouri</b>		COUNTY <b>Eagle</b> STATE <b>Nebraska</b>	
21. I attended the deceased from <b>7:30 A. M.</b> to <b>her</b> and last saw him alive on <b>3/11/60</b> Death occurred at <b>Windsor, Missouri</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Bernard Brach</b> Degree or title <b>Dr. A.</b>	
22b. ADDRESS <b>116 South Main Windsor, Missouri</b>		22c. DATE SIGNED <b>3/11/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>March 11, 1960</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Eagle Cemetery</b>		23d. LOCATION (City, town, or county) <b>Eagle Nebraska</b>	
24. FUNERAL DIRECTOR <b>Clifford Gouge Windsor, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 12, 1960</b>	
26. REGISTRAR'S SIGNATURE <b>Waldred Bigum</b>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clifford Houge

Licensed Embalmer No. 5014

P. O. Address Windsor, N.J.

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