

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015003

FILED VS APR 19 1960/32

STATE FILE NUMBER

Registration District No. 122 Primary Registration District No. 4252 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Mercer</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Galt</i>		Length of stay in lb <i>3 mo</i>	c. CITY OR TOWN <i>Speckard Route 3</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Medicine Sup.</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>WINNIE FLORENCE COOPER</i>			4. DATE OF DEATH Month Day Year <i>3-16-1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-30-1882</i>	9. AGE (last birthday) <i>77</i>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Grundy Co MO</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Wheeler Stewart</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Barnett</i>		14. NAME OF HUSBAND OR WIFE <i>Robt Cooper</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>497-40-5322</i>		17. INFORMANT Address <i>Mrs Kenneth Crawford Galt MO</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Metastatic Squamous Carcinoma</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <i>Cancer of urinary bladder</i>					<i>1959</i>
DUE TO (c) <i>Cancer of uterus</i>					<i>1956</i>
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 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 checked="" type="checkbox"/>	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 <i>Jan 1960</i> to <i>3-16-1960</i> and last saw her alive on <i>3-15-1960</i> Death occurred at <i>12:20 a</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>A. W. [Signature]</i>			22b. ADDRESS <i>Galt MO</i>		22c. DATE SIGNED <i>3/18/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3-20-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Nalbrook Cem.</i>		23d. LOCATION (City, town, or county) <i>Speckard MO</i>	(State)
24. FUNERAL DIRECTOR ADDRESS <i>Dr Payne [Signature] Galt MO</i>		25. DATE RECD. BY LOCAL REC <i>3/26/60</i>	26. REGISTRAR'S SIGNATURE <i>Jane [Signature]</i>		

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Salt

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.