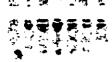
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFIC Primary Registration District No. 70/8 Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY Henry VS 300 AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits 4½ yrs. Windsor Windsor TOWN Yes DC No 🗆 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm Windsor Hospital Yes 🔣 No 🗀 206 E. Jackson Yes | No | 3. NAME OF DECEASED Middle Last 4. DATE OF January 18,1965 (Type or print) George Cooper 9. AGE (last birthday) | IF UNDER 1 YEAR IF UNDER 24 HR 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. Married 🔲 Never Married |7/28/1871 Widowed T Divorced [ Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) during\_most of working life, even if retired) Johnson Co., Mo Farmer 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Etta May Truel UnKnown David A. Cooper 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Eva Mae Allison, Marshall, Mo. ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (a) 11 Conditions, if any, NST which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the stampet ! PART III. If deceased was there a pregnancy in last 90 days. ☐ Yes □ Unknown 19. WAS AUTOPSY PERFORMED YES NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE 20c, TIME OF Month, Day, Year RIBBON 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d, INJURY OCCURRED COUNTY STATE WHILE AT WORK 📋 NOT WHILE AT WORK *IYPEWRITER* 21. I attended the deceased from n on the date stated above, and to the best of my knowledge, from the causes stated SHOULD occurred Ю 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) CREMATION, Š. 1/20/1965 REMOVAL (Spe Buria Laurel Oak Cemetery Windsor, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE EΜ 24. FUNERAL DIRECTOR Windsor, Mo. Gouge'

(Licensed Embalmer's Statement on Reverse Side)



## 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.	Phillord Youise
StudentSignature of Student Embalmer	Signed Coupe Sough
Signature of Student Entrument	Licensed Embalmer No. 50/H
	P. O. Address Windsor, Mo.

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."