

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **21128**

FILED JUN 29 1953		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY in this place 5 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home, 407 1/2 Main St.				d. STREET ADDRESS (If rural, give location) 407 1/2 Main St.			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Lawrence		c. (Last) Windsor.		4. DATE OF DEATH (Month) (Day) (Year) June 23 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH March 7 1890	
9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 MIN. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm Labor.		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alfred Windsor.		13b. MOTHER'S MAIDEN NAME Martha Ann Renfrow.		14. NAME OF HUSBAND OR WIFE Florence Johnson Windsor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. 495-10-5785		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Joe Diringer, Boonville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction						5 minutes	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic Cardiovascular Disease				?	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from did not previously attend patient , that I last saw the deceased alive on June 19, 1953 , and that death occurred at 4:20 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. M. Stuart, M.D.				23b. ADDRESS 329 Main St. Boonville Mo		23c. DATE SIGNED 6-24-53	
24a. BURIAL, CREMATION (Specify) Burial		24b. DATE June 25 1953		24c. NAME OF CEMETERY OR CREMATORY Kopps Chapel		24d. LOCATION (City, town, or county) (State) Cooper County, Mo.	
DATE REC'D BY LOCAL REG. 6/24/53		REGISTRAR'S SIGNATURE B. M. Stuart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

No. 48

12

FEB 9 1955

1955

AUG 31 1955

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 supervisor

Student

Student Embalmer

Signed

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above.