

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1095

FILED JAN 18 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 283

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
a. COUNTY <u>Henry</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Henry</u>	b. COUNTY <u>Henry</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>	c. LENGTH OF STAY (in this place) <u>7 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 E. Benton</u>	d. STREET ADDRESS (If rural, give location) <u>402 E. Benton</u>		

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DANIEL</u>	b. (Middle) <u>STONEWALL</u>	c. (Last) <u>COOPER</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan 9, 1954</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 10, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Daniel Cooper</u>	13b. MOTHER'S MAIDEN NAME <u>Angeline Mc Cray</u>	14. NAME OF HUSBAND OR WIFE <u>Leona Pickett Cooper</u>
------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. D. S. Cooper</u>	ADDRESS <u>Windsor, Mo</u>
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------	-----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis.</u>		
	DUE TO (c)		
11. 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"/>
	<u>4200</u>	

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)	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 Nov. 15, 1953 to Jan 9, 1954, that I last saw the deceased alive on Nov. 16, 1953, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Claudem. Thurber, M.D.</u>	23b. ADDRESS <u>Windsor, Mo.</u>	23c. DATE SIGNED <u>1/12/54</u>
-----------------------------------------------------------------------	-----------------------------------------	----------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor Mo.</u>
----------------------------------------------------------------	---------------------------------	-------------------------------------------------------------	-------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Jan 9, 54</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	432	25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>	ADDRESS <u>Windsor, Mo.</u>
--------------------------------------------------	----------------------------------------------------	------------	--------------------------------------------------------------	------------------------------------

(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.

Student
Student Embalmer

Signed _____

William M. Turner

Licensed Embalmer No. *4648*

P. O. Address: _____

Windsor, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.