

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40317**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. LENGTH OF STAY (In this place) <b>45 years</b>	c. CITY OR TOWN <b>Windsor</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>207 N. Main St</b>		e. STREET ADDRESS (If rural, give location) <b>207 N. Main St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>HENRY</b> c. (Last) <b>COOPER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 8, 1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 28, 1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <b>Farming - Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Johnson County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Cooper</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Stiles</b>		14. NAME OF HUSBAND OR WIFE <b>Lizzie Myers Cooper</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr W.H. Cooper Windsor, Mo</b>
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Neurosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <b>Arterial sclerosis</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		331x	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>no operation</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Windsor, Henry Mo.</b>	
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 <b>April, 1953</b> to <b>Dec. 8, 1955</b> , that I last saw the deceased alive on <b>Dec 8, 1955</b> , and that death occurred at <b>12:45 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. G. Blackmore M.D.</b> (Degree or title)		23b. ADDRESS <b>Windsor, Mo.</b>	23c. DATE SIGNED <b>12/9-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12-10-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>	24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>
DATE REC'D BY LOCAL REG. <b>12-10-55</b>	REGISTRAR'S SIGNATURE <b>Mildred Bigum</b> 521	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Huston Turner Windsor, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEPT 2 1968

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 *William M. Turner*

Licensed Embalmer No. *469*

P. O. Address *Winchester 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.