

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005315
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 39

300
1-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Windsor ⁰⁴²⁰	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 411 S. Commercial		d. STREET ADDRESS (If outside, give location) 411 S. Commercial	
Length of stay in 1b 45 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Amanda Middle E. Last Cooper			4. DATE OF DEATH Month Feb. Day 12 Year 1959		
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5. SEX F.	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1876	9. AGE (In years) 82	IF UNDER 1 YEAR Months 16 Days 16	IF UNDER 24 HRS. Hours 16 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lincoln, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John T. President	13b. MOTHER'S MAIDEN NAME (unknown)	14. NAME OF HUSBAND OR WIFE Henry Cooper
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT L.C. Cooper Windsor, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowned beyond recognition by fire in home.		INTERVAL BETWEEN ONSET AND DEATH 9:16
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input checked="" 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.) Fire broke out in wooden frame house; deceased found 2 hours later in rubble of home.
20c. TIME OF INJURY Hour 5:00 a.m. Month, Day, Year 2-12-59	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home Windsor	20f. CITY, TOWN, OR LOCATION Henry, County, Mo.	COUNTY Henry	STATE Mo.
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21. I attended the deceased from **no attendance** and last saw her alive on _____
Death occurred at **approx 5:00 am 2-12-59** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.D. Brashers, M.D. (Henry Co. Coroner)	22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 2-14-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-14-1959	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak	23d. LOCATION (City, town, or county) (State) Windsor, Mo.
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24. FUNERAL DIRECTOR Ellis Huston Windsor, Mo.	25. DATE RECD. BY LOCAL REG. 2-16-59	26. REGISTRAR'S SIGNATURE Mildred Bigum
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 8 1959

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~^{not} by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clifford Gouge*

Licensed Embalmer No. *5014*

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.