

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005316
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 56

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1-57

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Johnson | |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Windsor | | c. CITY OR TOWN Windsor | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital | | d. STREET ADDRESS (If outside, give location) Rt 1 Windsor | |
| Length of stay in lb 8 hrs. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Georgia Middle May Last Cooper | | | 4. DATE OF DEATH Month Feb. Day 25 Year 1959 | | |
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| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 2-14-1875 | 9. AGE (In years) 84 | IF UNDER 1 YEAR Months 1 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
|-----------------|---------------------------|---|-----------------------------------|-----------------------------|--|--|

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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) Johnson Co. Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME William T. Gibson | 13b. MOTHER'S MAIDEN NAME Elizabeth P. Ford | 14. NAME OF HUSBAND OR WIFE Pemberton 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. | 17. INFORMANT Elizabeth Bond | Address Windsor, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure | | INTERVAL BETWEEN ONSET AND DEATH 1 hour |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Cerebral Artery Thrombosis | 8 hrs |
| | DUE TO (c) Arteriosclerosis | years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3.3.21 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input 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.) |
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| 20c. TIME OF INJURY Hour p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT <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.) | 20f. CITY, TOWN, OR LOCATION Windsor, Mo. | COUNTY Johnson | STATE |
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| 21. I attended the deceased from Death occurred at Sept. 1956 to Feb 25, 1959 and last saw her alive on Feb 25, 1959 9:15 P. m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE William Smith, MD. | (Degree or title) | 22b. ADDRESS Windsor, Mo. | 22c. DATE SIGNED 2/27/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-28-1959 | 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery | 23d. LOCATION (City, town, or county) Windsor, Mo. | (State) |
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| 24. FUNERAL DIRECTOR Ellis Huston | ADDRESS Windsor | 25. DATE RECD. BY LOCAL REG. 3-7-59 | 26. REGISTRAR'S SIGNATURE Mildred Begum |
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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.

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 *Clifford Gouge*

Licensed Embalmer No. *5014*
P. O. Address *Windsor, Me*

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.