

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009185
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 69

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Rt. 1 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	

3. NAME OF DECEASED (Type or print) First Mary Middle Noland Last Cooper			4. DATE OF DEATH Month March Day 16 Year 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-15-1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 0 Days 510	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) Cass Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John P. Noland	13b. MOTHER'S MAIDEN NAME Mary Spohr	14. NAME OF HUSBAND OR WIFE Vest 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 Vest Cooper Address 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) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours
DUE TO (b) Coronary Artery Disease		
DUE TO (c) 4201		2-3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple Pulmonary Embolisms		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter number of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.
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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.)	20f. CITY, TOWN, OR LOCATION Windsor, Mo.	COUNTY Johnson	STATE Mo.
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21. I attended the deceased from Mar 14-59 to Mar 16-59 and last saw her alive on Mar. 16-59 Death occurred at 2: A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Thurber M.D.	22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 3-19-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-19-1959	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 ADDRESS Windsor, Mo.	25. DATE RECD. BY LOCAL REG. 3-23-59	26. REGISTRAR'S SIGNATURE Mildred Bigum
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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 Louze*
Licensed Embalmer No. *5014*
P. O. Address *Windsor, M*

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.