DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–024905

FILED VS AUG 10 1959 37 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 195 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Henry.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor
Length of stay in 1b: 6 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry.
c. CITY OR TOWN Windsor
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 116 S. Main
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First REBECCA Middle Last COOPER

4. DATE OF DEATH Month July Day 31 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Aug 30 1953

9. AGE (last birthday) 5

IF UNDER 1 YEAR Months ____ Days ____ IF UNDER 24 HR Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Windsor Mo.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Billie S. Cooper

13b. MOTHER'S MAIDEN NAME Margerie Davis

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Billie S. Cooper Windsor Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Circulatory Collapse	30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Hemorrhage	5 days
DUE TO (c)	Aplastic Anemia	1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1957 to 31 July 1959 and last saw her alive on 31 July 1959
Death occurred at 10:40 ☒ m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William J. Smith M.D.

22b. ADDRESS Windsor Mo.

22c. DATE SIGNED 8/4/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Aug 2, 1959

23c. NAME OF CEMETERY OR CREMATORY Laurel Oak C.

23d. LOCATION (City, town, or county) (State) Windsor Mo.

24. FUNERAL DIRECTOR ADDRESS Ellis M. Huston Windsor Mo.

25. DATE RECD. BY LOCAL REG. 8-5-59

26. REGISTRAR'S SIGNATURE Mildred Bigum

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Wm L. Downing

Licensed Embalmer No. 5067

P. O. Address Windsor T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.