

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0043370

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 276

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 20 1967

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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, give TOWNSHIP only) <b>Windsor</b>		Length of stay in 1b <b>3 weeks</b>	c. CITY OR TOWN <b>Windsor</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>204 E. Florence</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charlotte</b> Middle <b>Cooper</b> Last <b>Cooper</b>			4. DATE OF DEATH Month <b>November</b> Day <b>14</b> Year <b>1967</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/19/1880</b>
9. AGE (last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>De Boise Co., Indiana U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <b>Silas Elliott</b>	
13b. MOTHER'S MAIDEN NAME <b>Bell Bridges</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Vincent Cooper</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-54-9004</b>	17. INFORMANT <b>Homer Cooper, Windsor, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory collapse</b>			INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypostatic pneumonia</b>			<b>3 weeks</b>
DUE TO (c) <b>Senility</b>			<b>10 years</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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 nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:15</b> a.m. <b>p.</b> Month, Day, Year <b>1967</b>	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	COUNTY	STATE
21. I attended the deceased from <b>1964</b> , to <b>1967</b> and last saw <b>deceased</b> alive on <b>11-14-67</b> Death occurred at <b>1:15 p.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <i>William Smith MD</i> (Degree or title)		22b. ADDRESS <b>103 W. Colt St. Windsor, Mo.</b>	22c. DATE SIGNED <b>11-15-67</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 16, 1967</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>
24. FUNERAL DIRECTOR <b>Clifford Gouge, Windsor, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>11-18-67</b>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

USE BLACK INK OR TYPEWRITER RIBBON

**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, 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.