

FILED AUG 19 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

CERTIFICATE OF DEATH

124

68 0032558

187

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 187DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Billie B. Cooper</u>		2. <u>male</u>	3. <u>July 30, 1968</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MO. DAYS	UNDER 1 YEAR HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. <u>white</u>	5a. <u>71</u>	5b. <u> </u>	6. <u>Aug. 4, 1896</u>	7a. <u>Henry</u>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. <u>Windsor</u>		7c. <u>yes</u> 7d. <u>Windsor Hospital</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Missouri</u>	9. <u>USA</u>	10. <u>married</u>	11. <u>Mary Perry</u>	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY		
12. <u>500-03-9748</u>	13a. <u>retired postmaster</u>	13b. <u>federal government</u>		
RESIDENCE—STATE COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. <u>Mo.</u> 14b. <u>Henry</u>	14c. <u>Windsor</u>	14d. <u>yes</u>	14e. <u>409 S. Tebo</u>	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. <u>David Cooper</u>		16. <u>Minerva Drace</u>		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. <u>Mary Cooper</u>		17b. <u>409 S. Tebo Windsor, Mo. 65360</u>		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) <u>Cerebral anoxia</u>				<u>Minutes</u>
DUE TO, OR AS A CONSEQUENCE OF:				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <u>Internal hemorrhage</u>		<u>minutes</u>
		(c) <u>acute leukemia</u>		<u>Weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a.
				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c.	M. 20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.	20f.	20g.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)
21a. <u>5 12 68</u>	21b. <u>7-30-68</u>	21c. <u>7-30-68</u>	21d. <u>7-30-68</u>	21e. <u>10:10 A.M.</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.		22b.	22c.	22d.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OF TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>A. R. MASON, JR. D.O.</u>		23b. <u>Alman Delo</u>	23c. <u> </u>	23d. <u>7-30-68</u>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
23e. <u>223 S. MAIN</u>		23f. <u>WINDSOR</u>	23g. <u>MISSOURI</u>	23h. <u>65360</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE	
24a. <u>burial</u>	24b. <u>Laurel Oak</u>	24c. <u>Windsor</u>	24d. <u>Mo.</u>	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24e. <u>8-1-1968</u>	24f. <u>Huston-Hadley 405 E. Benton, Windsor, Mo. 65360</u>			
FUNERAL DIRECTOR'S SIGNATURE	REGISTRAR SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u> </u>	25b. <u>M. Cedrel Bigum</u>	25c. <u>8-13-68</u>		

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BU

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0

10a. 71

10b.

11. 0

12. 1

13. 2070

14.

15. 9

16.

17.

18. 2

19. CREDITS

20. 1-0

4. 04215. 36. 0421

AUG 21 1968

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 *Robert H. Holey*

Licensed Embalmer No. 5220

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.