

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004940

STATE FILE NUMBER

FILED MAR 16 1959

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 32

300  
1-57

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1. NAME OF DEATH <b>COOPER</b> <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <b>Boonville</b>		c. CITY OR TOWN <b>Boonville</b> <i>0270</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boonville Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>R. F. D. #2</b>	
3. NAME OF DECEASED (Type or print) First <b>Winona</b> Middle <b>Meredith.</b> Last <b>Meredith.</b>		4. DATE OF DEATH Month <b>March</b> Day <b>8th.</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 29, 1872</b>
9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Pilot Grove, Missouri</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 <b>Own Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry Lee Meredith</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Magruder</b>	14. NAME OF HUSBAND OR WIFE <b>----</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>-----</b>	17. INFORMANT <b>Miss Della Meredith, Slater, Missouri</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>Myocardial Infarction</b> DUE TO (b) <b>Coronary Atherosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4751</b>			INTERVAL BETWEEN ONSET AND DEATH <b>13 hours</b> <b>20 years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	
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 <b>Boonville</b>
21. I attended the deceased from <b>1-30-59</b> to <b>3-7-59</b> and last saw her alive on <b>7 March 1959</b> Death occurred at <b>12:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Dated for file) <b>Willie A. Cooper MD</b>	
22b. ADDRESS <b>329 MAIN ST. - Boonville Mo.</b>		22c. DATE SIGNED <b>3-9-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 9, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pilot Grove</b>	23d. LOCATION (City, town, or county) (State) <b>Pilot Grove, Mo.</b>
24. FUNERAL DIRECTOR <b>Goodman &amp; Boller, Boonville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3/9/59</b>	26. REGISTRAR'S SIGNATURE <b>W. Cooper</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Document, County, etc. must be on only standard nomenclature in item 18. NO symptoms will be entered. 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 *William W. Wood* .....

Licensed Embalmer No. 4539 .....  
P. O. Address Boonville, 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.