

REC'D OCT 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33459  
Do not use this space.

1. PLACE OF DEATH *Shelby*  
(a) County *Shelby* Registration District No. *# 830*  
(b) Township *Gettysburg* Primary Registration District No. *4503*  
(c) City *Shelbina, MO* (d) Street No. \_\_\_\_\_ Registered No. *24*  
(e) Length of residence in *Shelby* or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (If long in U. S., if of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME *Catherine Maurine Winter 53/4*  
(a) Residence, No. *Shelbina, Mo* St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 10<sup>th</sup> 1938*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Shelbina Mo.*

FATHER 13. NAME *Leroy Winter*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Shelbyville Mo.*

MOTHER 15. MAIDEN NAME *Maurine Newman*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Newman Mo.*

17. INFORMANT (ADDRESS) *Leroy Winter Shelbina, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Shelbina Mo* DATE *9/14/38*

19. FUNERAL DIRECTOR (ADDRESS) *W. J. J. Farkelad Shelbina, Mo*

20. FILED *Sept 13, 1938* *Ruth Joyner* Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 10* 19*38*

22. I HEREBY CERTIFY That I attended deceased from *Sept 10* 19*38*, to *Sept 10* 19*38*  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *6 P.M.*  
The principal cause of death and related causes of importance were as follows:  
*Still born.*

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) *P. L. Caldwell* M. D.  
*Shelbina, Mo.*

RECEIVED  
District Health Officer No. 10  
District File Number 10-38-548  
Date Filed 10-6-38

STATEMENT BY LICENSED EMBALMER

I, Henry A. Barkeler, Licensed Embalmer No. 3835

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Henry A. Barkeler  
Licensed Embalmer No. 3835

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.)