

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24885
Registrar's No. 14

Registration District No. 183

Primary Registration District No. 4109

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Nixa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 1 yr. (months or days)

3. (a) PRINT FULL NAME Henry R. Winslow 520

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose & Winslow 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 7 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Albert Winslow 1

18. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Coakle

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rose & Winslow

(b) Address Nixa Mo.

17. (a) Buried (b) Date thereof July 11-20
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) July 10 1940 (b) Ida B. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Nixa Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
year 1940 hour 8:47 minute 45-9 M.

21. I hereby certify that I attended the deceased from April 17
1940, to June 15, 1940.
that I last saw him alive on June 15, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver Duration _____

Due to _____

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 169

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Richard E. Mitchell (M. D. or other) DO

Address Box 191, Ozark, Mo. Date signed 7/16/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

Sanitation No. Number 840-2440

Date Recd. AUG 12 1940 AUG 12 1940

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.....

Maurice Chaffin

Registered Apprentice No.

working under my personal supervision.

Signed

Maurice Chaffin

Licensed Embalmer No. 4118

P. O. Address. Ozark

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 this body is not embalmed, above space should be left blank.