

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22915

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5312 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <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 (If outside corporate limits, write RURAL and give township) <b>Rural, Clarks Fork Twsp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Clarks Fork Twsp.</b>	
c. LENGTH OF STAY (in this place) <b>All of life</b>		d. STREET ADDRESS (If rural, give location) <b>Boonville, Mo., R.F.D.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Walter</b>	b. (Middle) <b>Benton</b>	c. (Last) <b>Windsor</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 4 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 23<sup>rd</sup> 1862</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>On farm</b>	11. BIRTHPLACE (State or foreign country) <b>Cooper County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>John H. Windsor</b>	13b. MOTHER'S MAIDEN NAME <b>Eleanora Zollinger</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Ann Jewett Windsor</b>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Alma Windsor, Boonville, Mo.</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>334X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from June 19<sup>th</sup> 1949 to July 4<sup>th</sup> 1949, that I last saw the deceased alive on July 2<sup>nd</sup> 1949, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. L. DeLoe, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Boonville, Mo.</b>	23c. DATE SIGNED <b>July 9-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE- <b>July 6<sup>th</sup> 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Boonville Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7/13/49</b>	REGISTRAR'S SIGNATURE <b>U. T. Maudslott</b>	720	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Boller, Boonville, Mo.</b>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JUL 16  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 7-16-49

675102 1115

**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.

Signed \_\_\_\_\_  
Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

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 this body is not embalmed, fact should be so stated above.