

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41860

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 118

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>904 No. High St.</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u> b. (Middle) <u>C.</u> c. (Last) <u>WINETEER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 22 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 25, 1865</u>
9. AGE (In years last birthday) <u>84</u> Months <u>7</u> Days <u>27</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>McLEAN COUNTY KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HARVEY CONOWAY</u>	
13b. MOTHER'S MAIDEN NAME <u>ELSIE DEFFENBAUGH</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS L. WINETEER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give way or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>THOMAS L. WINETEER</u>		ADDRESS <u>Neosho, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Semiprob</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?			
22. I hereby certify that I attended the deceased from <u>March, 1949</u> , to <u>Dec. 22, 1949</u> , that I last saw the deceased alive on <u>Dec. 20, 1949</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. [Signature]</u> M.D.		23b. ADDRESS <u>Neosho, Mo.</u>	
23c. DATE SIGNED <u>Dec. 28, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>12-26-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEOSHO I.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 28, 1949</u>		REGISTRAR'S SIGNATURE <u>Delvin C. [Signature]</u> 223	
ADDRESS <u>NEOSHO MO.</u>		ADDRESS	

RECEIVED

District Health Officer No. Newton Co. N.D.

District File Number 150-10

Date Filed JAN 3 1950

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
Student Embalmer

Signed Stellie Kessel

Licensed Embalmer No. 4690

P. O. Address Neosho, 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.