S. No. 300
v. 10.48

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3783

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5032 Registrar's No. 36

0040

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

1. PLACE OF DEATH
a. COUNTY: AUDRAIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LINN
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RR#1 RUSH HILL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: AUDRAIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LINN 0040
d. STREET ADDRESS (If rural, give location): RR#1 RUSH HILL Mo

3. NAME OF DECEASED (Type or Print)
a. (First): LOTTIE
b. (Middle):
c. (Last): WINTERBOWER

4. DATE OF DEATH (Month) (Day) (Year): FEB 17 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT 15 1863
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: L C WINTERBOWER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: C.A. Winterbower — ADDRESS: Rush Hill Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): apoplexy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis Simile
DUE TO (c): Pernicious Anemia 20 yrs standing

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 334X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1949, *to* Feb 17, 1950, *that I last saw the deceased alive on* Feb 1, 1950, *and that death occurred at* 1:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Van Nyngarden D.O.
23b. ADDRESS: Mexico Mo
23c. DATE SIGNED: 2-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-19-50
24c. NAME OF CEMETERY OR CREMATORY: RICHLAND
24d. LOCATION (City, town, or county) (State): CALLAWAY CO. MO

DATE REC'D BY LOCAL REG.: Feb 19-1950
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Chas Arnold Jr. — ADDRESS: Mexico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 27 19
District Health Officer No.
District File Number 2-50-
Date Filed FEB 27 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.....

working under my personal supervision.

Student Embalmer No.....

Signed Charles V. Weaning

Signed.....
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Mexico 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.