

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1950

State File No. **5237**

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Colony Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>4 Mi. N. of Colony Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Suburban Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>M.</u> c. (Last) <u>Windsor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 1950</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>July 26, 1867</u>
9. AGE (In years last birthday) <u>82</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>George Coffman</u>		13b. MOTHER'S MAIDEN NAME <u>Roberta Cropp</u>	14. NAME OF HUSBAND OR WIFE <u>Frank E. Windsor</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank E. Windsor</u> ADDRESS <u>Rt. 2, Edina 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, asthma, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyelonephritis</u> ANTECEDENT CAUSES <u>Flu</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)		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>Jan 28, 1950</u> , to <u>Feb 15, 1950</u> , that I last saw the deceased alive on <u>Feb 15, 1950</u> , and that death occurred at <u>9:28 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. C. Gibson</u> (Degree or title)		23b. ADDRESS <u>Edina Mo.</u>	23c. DATE SIGNED <u>2/15-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/18/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harmony Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Colony Twp. Knox Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 20-1950</u>	REGISTRAR'S SIGNATURE <u>Willis S. Harvitt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marble Funeral Home</u> ADDRESS <u>Knox City, Mo.</u>	

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

0520

0520

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1951

RECEIVED FEB 27 1950
District Health Officer No. _____
District File Number 2-50-3
Date Filed FEB 6 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, only

~~Student-Embalmer No.~~

~~Working under my personal supervision.~~

~~Student~~

~~Student-Embalmer~~

Signed

Don Masler

Licensed Embalmer No. 4430

P. O. Address Quincy, Ma

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.