

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34429

State File No.

FILED NOV 7 1951

BIRTH NO. REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 28

0710

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Morgan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek Twp.</u> | c. LENGTH OF STAY (If in this place) <u>life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek Twp.</u> <u>0710</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 miles N.E. Stover</u> | | d. STREET ADDRESS (If rural, give location) <u>12 miles N.E. Stover</u> <u>0</u> | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u> b. (Middle) <u>Wilhemina</u> c. (Last) <u>Windler</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1951</u> | | |
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|----------------------|-------------------------------|---|---------------------------------------|--|---|--|--------------------------------|
| 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>Oct. 25, 1872</u> | | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u>16</u> Days | IF UNDER 12 HRS. Hours Min. |
|----------------------|-------------------------------|---|---------------------------------------|--|---|--|--------------------------------|

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|--|--|---|---|--|--|
| 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>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Morgan County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|--|---|---|--|--|

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>William Lemke</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Meyer</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Windler</u> | |
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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) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Windler Versailles, Mo.</u> | | |
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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 |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> | | | | | <u>30 min.</u> |
| ANTECEDENT CAUSES | DUE TO (b) <u>Atherosclerosis, Extensive</u> | | | | <u>years</u> |
| | DUE TO (c) <u>Hypertension</u> | | | | <u>years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>443X</u> | | |
|--|--|--|--|--|

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|--|--|----------------------------|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 April, 1951, to Nov 1, 1951, that I last saw the deceased alive on Oct. 15, 1951, and that death occurred at 7: A m., from the causes and on the date stated above.

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|---|--|--------------------------------------|--|---------------------------------------|
| 23a. SIGNATURE: <u>Ruth Kaufman, M.D.</u> (Degree or title) | | 23b. ADDRESS: <u>Versailles, Mo.</u> | | 23c. DATE SIGNED: <u>Nov. 3, 1951</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 5, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Morgan County, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>Nov. 4th 1951</u> | REGISTRAR'S SIGNATURE <u>Mrs. Ripberger</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. H. Stevinson Stover, Mo.</u> | |
|---|---|--|--|--|

RECEIVED NOV 6 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 6, 1951

APR 23 1952

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 _____

Jas, R. Scrivner

Student Embalmer No. 404

working under my personal supervision.

Student

James R. Scrivner
Student Embalmer

Signed

J. L. Stevinson
Licensed Embalmer No. 4073

P. O. Address Stover, 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.