S. No. 300
v. 10.48

FILED DEC 3 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36477

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1195

0117
2

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

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (in this place): 21 yrs 3 m 12 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #2

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Holt Co Mo
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0440
d. STREET ADDRESS (If rural, give location): 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): Cordia
b. (Middle):
c. (Last): Winslow

**4. DATE OF DEATH** (Month) (Day) (Year): 11 24 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow 2
**8. DATE OF BIRTH**: 4-1 1879
**9. AGE** (In years last birthday): 72 — IF UNDER 1 YEAR: Months 7, Days 13 — 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**: at home
**11. BIRTHPLACE** (State or foreign country): Mo
**12. CITIZEN OF WHAT COUNTRY?**: America

**13a. FATHER'S NAME**: Calvin O'Hara
**13b. MOTHER'S MAIDEN NAME**: Nancy Crackett
**14. NAME OF HUSBAND OR WIFE**: Frank Winslow (dead)

**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.**: Nil
**17. INFORMANT'S SIGNATURE OR NAME**: [signature] M D. State Hosp 2 — ADDRESS

**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): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 21 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Psychotic — 21 yrs

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4221
**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* Jan 1, 1951, *to* 11-24, 1951, *that I last saw the deceased alive on* 11-23, 1951, *and that death occurred at* 7 30a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or Title): [signature] M D
**23b. ADDRESS**: State Hospital #2
**23c. DATE SIGNED**: 11-24-1951

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-27-1951
**24c. NAME OF CEMETERY OR CREMATORY**: Fairview Cem
**24d. LOCATION** (City, town, or county) (State): New Point Mo.

**DATE REC'D BY LOCAL REG.**: Nov 28, 1951
**REGISTRAR'S SIGNATURE**: Carl C. Casas 4416
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: G. M. Atkinson Marysville Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 G. M. Atchison

Licensed Embalmer No. 2379

P. O. Address Maryville 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.