

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39264**

FILED DEC 1 1952

REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 310

1. PLACE OF DEATH

a. COUNTY

Johnson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Holden

c. LENGTH OF STAY (In this place)

75 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

601 So. Lexington St.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Johnson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Holden

d. STREET ADDRESS (If rural, give location)

601 S. Lexington St.,

3. NAME OF DECEASED (Type or Print)

a. (First)

Martha

b. (Middle)

Susan

c. (Last)

Windsor

4. DATE OF DEATH (Month) (Day) (Year)

Nov 14, 1952

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)

married

8. DATE OF BIRTH

Jan. 14, 1877

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

75 10 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Holden, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

H. C. Jones

13b. MOTHER'S MAIDEN NAME

Elizabeth Reece

14. NAME OF HUSBAND OR WIFE

Robert A. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

XXXX**none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Robert A. Windsor, Holden, Missouri

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.

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

MEDICAL CERTIFICATION

Hypertensive Cardio Vascular Disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **General Arteriosclerosis**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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)

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 June, 1951, to Nov 14, 1952, that I last saw the deceased alive on Nov 14, 1952, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Kelly Paulina M.D.

23b. ADDRESS

Holden, Missouri

23c. DATE SIGNED

Nov 15 '52

24a. BURIAL, CREMATION, REMOVAL (Specify)

burial

24b. DATE

Nov 16 '52

24c. NAME OF CEMETERY OR CREMATORY

Wesley Chapel Cem.

24d. LOCATION (City, town, or county) (State)

Kingsville, Missouri

DATE REC'D BY LOCAL REG.

11-20-1952

REGISTRAR'S SIGNATURE

Mrs. James Redford

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Canaday & Ropp, Holden, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 24 1952
JOHNSON COUNTY HEALTH DEPT.

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 W. J. Cradock

Licensed Embalmer No. 3434

P. O. Address Holden, 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.