

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38621**

FILED DEC 8 1953

BIRTH NO.		REG. DIST. NO. 83		PRIMARY REG. DIST. NO. 5315		Registrar's No. 128	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural Saline Twsp.		c. LENGTH OF STAY (in this place) 68 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR Rural, Saline Township.			
d. FULL NAME OF HOSPITAL OR INSTITUTION At home.				d. STREET ADDRESS (If rural, give location) Boonville, Mo. R.F.D. 0210			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle)		c. (Last) Windsor.		4. DATE OF DEATH (Month) (Day) (Year) December 2 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 13 1885	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Rented farm		11. BIRTHPLACE (City and State or Foreign Country) Moniteau County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alfred Windsor.		13b. MOTHER'S MAIDEN NAME Martha Ann Renfrow.		14. NAME OF HUSBAND OR WIFE Dora Vaughan 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dora Windsor, Boonville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 77.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that he died _____ from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. Deekraeger M.D. Corner				23b. ADDRESS Boonville Mo		23c. DATE SIGNED 12/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 4 1953		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
DATE REC'D BY LOCAL REG. 12/7/53		REGISTRAR'S SIGNATURE U.T. Meredith 442		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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. F. Boller

Licensed Embalmer No. *3062i*

P. O. Address *Boonville, 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.