

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41782

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. 1

0700
1

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

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery City		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery City Mo 0700		d. FULL NAME OF HOSPITAL OR INSTITUTION Home	
d. STREET ADDRESS (If rural, give location) none		3. NAME OF DECEASED (Type or Print)	
a. (First) Benjamin		b. (Middle) Richard	
c. (Last) Windsor		4. DATE OF DEATH (Month) (Day) (Year) 12-30-54	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 3-9-1870
9. AGE (In years last birthday) 84		10. CITIZEN OF WHAT COUNTRY? U. S. A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Montgomery Co Mo 0		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Fletcher Windsor		13b. MOTHER'S MAIDEN NAME Fay E. White	
14. NAME OF HUSBAND OR WIFE Anna Windsor "Deed"		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. no		17. INFORMANT'S SIGNATURE OR NAME Mrs William Starner ADDRESS Montgomery Mo	
18. CAUSE OF DEATH Enter one cause for line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Interstitial nephritis acute		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
ANTECEDENT CAUSES		DUE TO (b) Chronic nephritis 15 yrs	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Generalized arteriosclerosis 20 yrs	
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 12-11 , 19 54 , to 12 30 , 19 54 , that I last saw the deceased alive on 12-28 , 19 54 and that death occurred at 6:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. Van Dusen, M.D.		23b. ADDRESS Montgomery City, Mo.	
23c. DATE SIGNED 1-3-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-55	
24c. NAME OF CEMETERY OR CREMATORY NEW FLORENCE CEM		24d. LOCATION (City, town, or county) (State) NEW FLORENCE MO	
DATE REC'D BY LOCAL REG. 1-4-55		REGISTRAR'S SIGNATURE Laura B. Callaway	
502-0		25. FUNERAL DIRECTOR'S SIGNATURE W. Van Dusen ADDRESS MONTGOMERY CITY MO	

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, XXXX on the 3
day of Dec 1954

Student Embalmer No. _____

working under my personal supervision.

C. W. HOPKINS

Student
Student Embalmer

Signed *C. W. Hopkins*

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.