

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3831**

BIRTH NO. **50421-54** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **44**

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1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Mexico	c. LENGTH OF STAY (in this place) 6 mo	c. CITY OR TOWN Mexico	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1816 Taylor Street		STREET ADDRESS (If rural, give location) 1816 Taylor Street	

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Frances c. (Last) Winterbower			4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH Aug. 9, 1954	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months 6 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clarence Winterbower		13b. MOTHER'S MAIDEN NAME Virginia Leonard		14. NAME OF HUSBAND OR WIFE Child	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Winterbower Mexico, 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, ashenia, 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) Viral Hepatitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Viral Enteritis DUE TO (c) Dehydration		
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 **11 AM Feb-21, 1955**, to _____, 19____, that I last saw the deceased alive on **Feb 21, 1955**, and that death occurred at **12:10 AM**, from the causes and on the date stated above.

23a. SIGNATURE R. M. Van Mangel	(Describe or title)	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED 2-22-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-25-1955	24c. NAME OF CEMETERY OR CREMATORY Eastlawn Memorial Park	24d. LOCATION (City, town, or county) (State) Mexico, Missouri

DATE REC'D BY LOCAL REG. Feb 23-1955	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arnold Funeral Home Mexico, Mo
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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.....
Signature of Student Embalmer

Signed *Rep Miller*.....

Licensed Embalmer No. *44*.....
P. O. Address *Mexico*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.