

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41725**

69030

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **914** PRIMARY REG. DIST. NO. **4457** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY <b>St Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Clair</b>	
b. CITY OR TOWN <b>Laurie city</b>	c. LENGTH OF STAY (in this place) <b>6 yrs.</b>	c. CITY OR TOWN <b>Laurie city</b>	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 <b>at Home</b>		STREET ADDRESS (If rural, give location) <b>General Delivery 0905</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MILLIE</b>	b. (Middle) <b>ANN</b>	c. (Last) <b>WINTERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 23 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 4 1884</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>19</b>	IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Polk County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas Newton</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Fergery</b>	14. NAME OF HUSBAND OR WIFE <b>William Winters</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>710</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wm Winters</b>	ADDRESS <b>Laurie city Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Pneumonia</b>	DUE TO (b) <b>Apoplexy</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>334X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19**44**, to **Dec 23, 1955**, that I last saw the deceased alive on **Dec 23, 1955**, and that death occurred at **9A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>Laurie city Mo.</b>	23c. DATE SIGNED <b>12/24/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/27/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurie city</b>	24d. LOCATION (City, town, or county) (State) <b>Laurie city Mo.</b>
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DATE REC'D BY LOCAL REG- <b>12-24-55</b>	REGISTRAR'S SIGNATURE <b>Ruth Seewers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>F Schaberg</b>	ADDRESS <b>Clinton Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 F. L. Schaberg

Licensed Embalmer No. 451

P. O. Address Clinton

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.