

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 955

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Owensville		c. LENGTH OF STAY (in this place) lifetime	c. CITY OR TOWN Owensville
d. FULL NAME OF HOSPITAL OR INSTITUTION E. Washington Ave.		f. STREET ADDRESS (If rural, give location) E. Washington Ave. 637 ² D	
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Ida c. (Last) Winter			4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1956
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 12, 1883
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (City and State or Foreign Country) Charlotte; Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Wolbrink		13b. MOTHER'S MAIDEN NAME Anna Langenberg	14. NAME OF HUSBAND OR WIFE Herman Winter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gilbert Winter Owensville, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism ANTECEDENT CAUSES DUE TO (b) Arterial Sclerotic Heart Dis. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) General Arterial Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension	
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 4-12, 1955, to 1-20, 1956, that I last saw the deceased alive on 1-18, 1956, and that death occurred at 5:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chris Schmitt MD		23b. ADDRESS Gerald	23c. DATE SIGNED 1-23-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-23-1956	24c. NAME OF CEMETERY OR CREMATORY E & R Cemetery	24d. LOCATION (City, town, or county) (State) Owensville, Mo.
DATE REC'D BY LOCAL REG January 23, 1956		REGISTRAR'S SIGNATURE 493 Mrs. Marvin Jappmeyer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melford H N Winter OWENSVILLE

(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 Me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin H. J. White.....

Licensed Embalmer No. 38.....

P. O. Address OWEN SU.....

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.