

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19262**

FILED JUN 4 1956

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Marshall</u>	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY OR TOWN <u>Marshall</u>	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 <u>Fitzgibbon Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>205 North Jefferson</u> <u>097 1/2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Wendell</u>	c. (Last) <u>Windmeier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 22, 1927</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	IF UNDER 24 HRS. Hours _____ Mts. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fire Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John H. Windmeier</u>	13b. MOTHER'S MAIDEN NAME <u>Ula Goodman</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. <u>494-20-9199</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Windmeier</u>	ADDRESS <u>Marshall, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3-31-54</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins' disease</u>		
	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"/> <u>201X</u>
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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 3-31, 1954, to 5-28, 1956 that I last saw the deceased alive on 5-28, 1956 and that death occurred at 2-54A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>W. S.</u>	23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>5-29-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 31, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-31-56</u>	REGISTRAR'S SIGNATURE <u>Carl H. Read</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>	ADDRESS <u>Marshall, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

29-0

JUN 5 1956

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..... *R. W. Campbell*

Licensed Embalmer No. *364*

P. O. Address *Marsh*

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.