

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31435**

FILED SEP 19 1956

BIRTH NO. _____ REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **4324** Registrar's No. **25-56**

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

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) TUSCUMBIA		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN TUSCUMBIA
d. FULL NAME OF HOSPITAL OR INSTITUTION TUSCUMBIA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0660			
3. NAME OF DECEASED a. (First) MARIE b. (Middle) ELEANOR c. (Last) WINN		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 5 1956	
5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 11, 1916
9. AGE (In years last birthday) 40		10. MONTHS 40	11. BIRTHPLACE (City and State or Foreign Country) NEW YORK CITY, NEW YORK
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME DANIEL MCNAMARA		13b. MOTHER'S MAIDEN NAME ANNA CLEARY	14. NAME OF HUSBAND OR WIFE AMBROSE B. WINN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 089-10-0531	17. INFORMANT'S SIGNATURE OR NAME AMBROSE B. WINN ADDRESS Tuscomb, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC ADENOCARCINOMA OF LIVER 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. 1562	
19a. DATE OF OPERATION JUNE 1956		19b. MAJOR FINDINGS OF OPERATION HAD EXPLORATORY LAPAROTOMY AT BARNES HOSPITAL, ST LOUIS, MO. LIVER BIOPSY REVEALED METASTATIC ADENOCARCINOMA. PRIMARY LESION UNFOUND.	
19c. 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 July 7 , 19 56 , to Aug. 31 , 19 56 , that I last saw the deceased alive on Aug. 31 , 19 56 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE L. S. Humphreys, D.O. (Degree or title)		23b. ADDRESS Tuscomb, Mo.	
23c. DATE SIGNED 9-7-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 8, 1956	
24c. NAME OF CEMETERY OR CREMATORY NEW FRANKLIN CEMETERY		24d. LOCATION (City, town, or county) (State) NEW FRANKLIN, MO.	
DATE REC'D BY LOCAL REG. Sept 7, 1956		REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach	
25. FUNERAL DIRECTOR'S SIGNATURE Keith Bolt ADDRESS St Louis Phillips		25. FUNERAL DIRECTOR'S SIGNATURE Eldon, Mo.	

RECEIVED

SEP 17 '56

Miller County
Health Department

OCT 9 1956

SEP 24 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 *Ernest L. Young*

Licensed Embalmer No. *4785*

P. O. Address *Eldon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.