

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4330

Registration District No. 149 Primary Registration District No. 45-57 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY HOWELL HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. HOWELL					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POMONA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN POMONA 0460		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb 9 YEARS		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) BENJAMIN CLARK WINDES				First Benjamin Middle Clark Last Winded		4. DATE OF DEATH Month 12 Day 3 Year 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG. 3, 1861			
9. AGE (In years last birthday) 95		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Linn Creek, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME John Chatburn Windes				14. MOTHER'S MAIDEN NAME NPERLINA TEPONT					
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 Address Mary Windes, Pomona, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) metastasis to face DUE TO (c) Carcinoma lung. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senility							INTERVAL BETWEEN ONSET AND DEATH		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0						
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE	
21. I attended the deceased from 3/9-56 to 12/15-57 and last saw her alive on 11-17-56 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Harold Williker 0				22b. ADDRESS Willow Springs Mo.		22c. DATE SIGNED 2-5-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 2-16/57		23c. NAME OF CEMETERY OR CREMATORY PLEASANT SITE CEMETERY		23d. LOCATION (City, town, or county) (State) CARTER COUNTY, MO.			
24. FUNERAL DIRECTOR ADDRESS J. C. Burns, Willow Springs, Mo.			25. DATE RECD. BY LOCAL REG. 2/5/57		26. REGISTRAR'S SIGNATURE Margalee Bellard				

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *Fred W. Barnes*

Licensed Embalmer No. *46*

P. O. Address *Willow Sp*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.