

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9802**

FILED APR 9 - 1957

BIRTH NO. _____ REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **110**

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON		c. CITY OR TOWN FREDERICKTOWN	
c. LENGTH OF STAY (in this place) 1 wk.		Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION WHITEWAY NURSING HOME			
STREET ADDRESS (If rural, give location) N. MAIN STREET			

3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE	b. (Middle) ---	c. (Last) WHITE	4. DATE OF DEATH (Month) (Day) (Year) MARCH 30, 1957
---	------------------------	------------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JUNE 17, 1892	9. AGE (In years last birthday) 64 (If under 1 year) (Months) 9 (If under 12 mos.) (Days) 13
----------------------	-------------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BOLLINGER CO., MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	--

13a. FATHER'S NAME GEORGE WINCHESTER	13b. MOTHER'S MAIDEN NAME PRICILLA LINCOLN	14. NAME OF HUSBAND OR WIFE UNKNOWN - DIVORCED
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-14-7647	17. INFORMANT'S SIGNATURE OR NAME CHARLEY CARLTON ADDRESS FREDERICKTOWN, MO.
---	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		
	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"/>
------------------------	----------------------------------	--

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) 59.2X
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **March 27, 1957** to **March 30, 1957**, that I last saw the deceased alive on **March 19, 1957**, and that death occurred at **10:48 AM.**, from the causes and on the date stated above.

23a. SIGNATURE W. M. Stanford (Degree or title)	23b. ADDRESS Fredericktown, Mo	23c. DATE SIGNED 4/2/57
--	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 1, 1957	24c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY	24d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. Apr. 2, 1957	REGISTRAR'S SIGNATURE Eather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE V. Madison ADDRESS FREDERICKTOWN, MO.
--	---	--

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

2890

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. Adamson

Licensed Embalmer No. 435

P. O. Address FREDERICK

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.