

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25857

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Farmington</u>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS <u>none</u>	
3. NAME OF DECEASED (Type or print) First <u>George (x) WINSTON</u> Middle <u>WINSTON</u> Last <u>WINSTON</u>			4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 23, 1867</u>
9. AGE (In years last birthday) <u>90</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Glass Mfg.</u>
11. BIRTHPLACE (City and state or country) <u>Riverauxvases, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Francis Winston</u>		14. MOTHER'S MAIDEN NAME <u>Mary LaBruyere</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Leonora Leahy (daughter) St. Louis</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Post Operative Shock</u> DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Had gangrene of Rt Leg and Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u> <u>4 days</u> <u>years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. TIME OF INJURY Hour <u>4:50</u> Month, Day, Year <u>July 2, 1957</u>		20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>450.1</u>	
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 COUNTY STATE
21. I attended the deceased from <u>JUNE 27-57</u> to <u>July 2-57</u> and last saw <u>him</u> alive on <u>July 2-57</u> Death occurred at <u>10:30</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Alvan K Karrah m.d.</u> (Degree or title)		22b. ADDRESS <u>Farmington Mo</u>	22c. DATE SIGNED <u>July 8, 57</u>
23a. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u>	23b. DATE <u>July 4, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Catholic</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>
24. FUNERAL DIRECTOR <u>BOYER FUNERAL HOME BONNE TERRE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>July 8, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to non-reportable causes.

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 *J. T. Cooper* .....

Licensed Embalmer No. .... 366

P. O. Address Desloge, .....

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.