

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39138

State File No.

FILED DEC 10 1957

| | | | | | | | |
|--|---------------------------|---|---|--|--|--|--------------------------------|
| BIRTH NO. | | REG. DIST. NO. <u>27</u> | | PRIMARY REG. DIST. NO. <u>3000</u> | | Registrar's No. <u>128</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Clair</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u> | | c. LENGTH OF STAY (in this place) <u>4 hours</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u> | | <u>0930</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>103</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>Ruth</u> c. (Last) <u>WINNER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-27-1957</u> | | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov-27-1894</u> | | 9. AGE (in years last birthday) <u>63</u> | if UNDER 1 YEAR Months | if UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Appleton City, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John T. Mack</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fox</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jesse Winner</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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Elizabeth Mack, Appleton City</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremic Coma</u> DUE TO (c) <u>Multiple Sclerosis</u> 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? <u>2</u> 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) <u>345 X</u> | | | |
| 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 <u>July 1</u> , 19 <u>47</u> , to <u>11-27, 1957</u> , that I last saw the deceased alive on <u>11-27, 1957</u> , and that death occurred at <u>4 p</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Paul Hanson M.D.</u> | | | | 23b. ADDRESS <u>Butler, Mo</u> | | 23c. DATE SIGNED <u>11-27-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>Nov. 29-1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Meyers Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>10 miles S.W. Appleton City, Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>Nov-28-1957</u> | | REGISTRAR'S SIGNATURE <u>Arnold Krum</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melvin L. Hanson Appleton City</u> | | | |

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

17-6

DEC 18 1967

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
Student Embalmer

Signed Melvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address Spokane City

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