

FILED NOV 19 1957

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41589**

BIRTH NO. _____ REG. DIST. NO. 219296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Orrick</u>		c. CITY OR TOWN <u>Orrick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		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) <u>None</u>	

3. NAME OF DECEASED a. (First) <u>William Cyrus Windsor</u> (Type or Print)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 16, 1879</u>			9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Orrick, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>William Dent Windsor</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie Taylor</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</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>487-01-3840</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Windsor Orrick, Missouri</u>			ADDRESS		

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							INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>								
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>								
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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 2-14-56, 19___, to 11-11-57, 19___, that I last saw the deceased alive on 10-10-57, 19___, and that death occurred at 2 P. m., from the causes and on the date stated above.

23. SIGNATURE <u>Jeffrey T. Simmons</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Orrick Mo</u>			23c. DATE SIGNED <u>11-12-57</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 13, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Point</u>		24d. LOCATION (City, town, or county) (State) <u>Orrick, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>11-13-57</u>		REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur M. Orrick Mo.</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Charles F. Tyle

Licensed Embalmer No.....*4534*

P. O. Address.....*Liberty Md.*

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.