

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45272

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 5918 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY PERRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PERRY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MENFRO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MENFRO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SALEM TWP		Length of stay in 1b LIFE	d. STREET ADDRESS (If outside, give location) SALEM TWP		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle JANE Last WINTERS			4. DATE OF DEATH Month Dec Day 18 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 13, 1883	9. AGE (In years at birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
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 country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Cashion		13b. MOTHER'S MAIDEN NAME Manda Eddleman		14. NAME OF HUSBAND OR WIFE Charles Winters	
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 Charles Winters Menfro, 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) Broncho pneumonia					INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic pulmonary emphysema + fibrosis					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. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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>2-26-55</u> to <u>12-18-57</u> and last saw her alive on <u>12-18-57</u> Death occurred at <u>7:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) G. F. Fairchild, M.D.			22b. ADDRESS Perryville, Mo.		22c. DATE SIGNED 12-21-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 21, 1957	23c. NAME OF CEMETERY OR CREMATORY Bethlahem Baptist		23d. LOCATION (City, town, or county) (State) Crosstown Missouri
24. FUNERAL DIRECTOR Young & Sons Perryville Mo		25. DATE RECD. BY LOCAL REG. Dec 23-57		26. REGISTRAR'S SIGNATURE Joel Zoellner	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

X	PERRY	MISSOURI					
X		MEMPHRO	X				
X		SALIENT TWP		LIFE	SALIENT TWP		
	Dec 18 1927	WINTERS		JANE	EMMA		
		May 13, 1883			White	Female	
	USA	Perry County, Mo.				Housewife	
	Charles Winters	Manda Eddleman				James Gashion	
	Charles Winters	None				No	

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 *Edward S. Gearing*
Licensed Embalmer No. 2138
P. O. Address Rolla, Mo.

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. Dec 18 1927 Burial Dec 18 1927 Missouri
If this body is not embalmed, fact should be so stated above.