

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006918  
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 79

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> COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Flat River</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Flat River</u> <u>0942</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Turpin Nurs. Home</u>		Length of stay in 1b <u>1 Yr.</u>		d. STREET ADDRESS (If outside, give location) <u>314 Hickory</u>	
3. NAME OF DECEASED (Type or print) First <u>Winnona</u> Middle <u>Belle</u> Last <u>Montgomery</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>20</u> Year <u>1958</u>		
5. SEX <u>Female</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 25, 1862</u>		9. AGE (In years last birthday) <u>95</u>
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 (City and state or country) <u>Wheeling West Virginia</u>	
13. FATHER'S NAME <u>Jerimiah Postlethwait</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Elizabeth Crow</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>-----</u>		17. INFORMANT Address <u>Mrs. Stella Turpin, Flat River, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>severe coronary artery</u> DUE TO (c) <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertension - arteriosclerosis general</u>					
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 <u>          </u> Month, Day, Year a. m. <u>          </u> p. m. <u>          </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>May 1957</u> to <u>Feb 1958</u> and last saw her <u>alive</u> on <u>2-19-58</u> Death occurred at <u>10 A m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>N O Gabel M D</u> (Degree or title)		22b. ADDRESS <u>Desloge Mo</u>		22c. DATE SIGNED <u>2-21-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/23/1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>	
		23d. LOCATION (City, town, or county) <u>St. Francois Co. Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Boyer &amp; Son</u>		ADDRESS <u>Desloge, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 21 1958</u>	
		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *C. Z. Royer*.....

Licensed Embalmer No. *166*

P. O. Address *Des Moines*.....

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.