

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5433  
58-028745  
REGISTRATION DISTRICT NO. 115-116  
PRIMARY REGISTRATION DISTRICT NO. 4187  
REGISTRAR'S NO. 332

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>UNION</b>		c. CITY OR TOWN <b>UNION</b> <b>0360</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>R.R.</b>	
3. NAME OF DECEASED (Type or print) First <b>RICHARD</b> Middle <b>E.</b> Last <b>WINTERS</b>			4. DATE OF DEATH Month <b>AUG.</b> Day <b>22,</b> Year <b>1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 14, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	9. AGE (In years last birthday) <b>78</b>
11. BIRTHPLACE (City and state or country) <b>UNION, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>RICHARD WINTERS</b>		13b. MOTHER'S MAIDEN NAME <b>HELANA EIRLES</b>	14. NAME OF HUSBAND OR WIFE <b>MARIA NIEMANN</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-40-8182</b>	17. INFORMANT <b>ELSIE WEBB</b> Address <b>UNION, MO.</b>
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>Choking</u> DUE TO (b) <u>Falling into</u> DUE TO (c) <u>farm pond at home</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>9291 42</b>
20a. ACCIDENT <input checked="" 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 <b>11:40</b> Month, Day, Year <b>8/22/58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>	
20e. CITY, TOWN, OR LOCATION <b>R.R. Union</b>		20f. COUNTY STATE <b>Franklin MO</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Bebe Miller Huff</i>		22b. ADDRESS <i>Antony Company of Independence Mo</i>	
22c. DATE SIGNED <b>8/23/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-25-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHNS MANTELS</b>	23d. LOCATION (City, town, or county) (State) <b>UNION, MO.</b>
24. FUNERAL DIRECTOR <b>E.F. OLTMANN</b>		25. DATE RECD. BY LOCAL REG. <b>8/25/58</b>	
ADDRESS <b>UNION, MO.</b>		26. REGISTRAR'S SIGNATURE <i>H. S. ...</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

**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 *Ralph Altman* .....

Licensed Embalmer No. *4808* .....

P. O. Address *Union, 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.

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