Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033348
STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 170 Primary Registration District No. — Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN Gasconade Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. East of Lynchburg — Length of stay in Hospital 40 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Laclede
c. CITY OR TOWN 530 Lynchburg, Mo. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1 mi. E. of Lynchburg. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ALICE Middle — Last Winters
4. DATE OF DEATH Month Sept. Day 13 Year 1958
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Jan. 17, 1869
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: 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 none
11. BIRTHPLACE (City and state or country) unknown
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME W. Green
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE (deceased) WINTERS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Bland Crisman, Address Lynchburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — unknown
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9/12/57 to 9/13/58 and last saw her/him alive on 9/13/58
Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Haugh (Degree or title) M.D.
22b. ADDRESS Grove Springs, Mo.
22c. DATE SIGNED 9-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Sept. 16, 1958
23c. NAME OF CEMETERY OR CREMATORY Cedar Bluff Baptist Cem.
23d. LOCATION (City, town, or county) Laclede Co., (State) Missouri

24. FUNERAL DIRECTOR S. J. Shadel
ADDRESS Lebanon, Mo.
25. DATE RECD. BY LOCAL REG. 9-16-1958
26. REGISTRAR'S SIGNATURE Nella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Received SEP 22 1958
Laclede County Health Unit
File No. 134
Date Filed SEP 22 1958

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 R. L. Barber

Licensed Embalmer No. 2848

P. O. Address Mtn Grove, 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.