Health, Welfare Public Service

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REG.#17791

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000423
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): POPLAR BLUFF — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADM.HOSPITAL — Length of stay in this: 10 YEARS ~~28 DAYS~~

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: BUTLER
c. CITY OR TOWN: POPLAR BLUFF — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 202 SYCAMORE STREET — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: GALE Middle: VERNON Last: WINTERS
4. DATE OF DEATH: Month JANUARY Day 24 Year 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-16-98
9. AGE (In years last birthday): 60 — 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): COOK
10b. KIND OF BUSINESS OR INDUSTRY: FOOD
11. BIRTHPLACE (City and state or country): OGDEN, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: CARRIE WINTERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: VA HOSPITAL RECORDS, Address: POPLAR BLUFF, 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 1. PULMONARY INSUFFICIENCY SECONDARY PNEUMONITIS AND POST LEFT PNEUMONECTOMY, LEFT BRONCHOGENIC CARCINOMA. (Pneumonectomy-5 Months) — INTERVAL BETWEEN ONSET AND DEATH: 1 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~
~~DUE TO (c)~~ 2. CEREBRAL VASCULAR ACCIDENT WITH RIGHT HEMIPLEGIA WITH QUESTIONABLE EXTENSION RECENT. — 5 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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. VA attended the deceased from December 27, 1958 to Jan. 24, 1959
Death occurred at 11:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) Robert S. Cohen
ROBERT S. COHEN, M.D., Chief, Medical Svc.
22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED: 1/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1-28-1959
23c. NAME OF CEMETERY OR CREMATORY: Caruthersville
23d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

24. FUNERAL DIRECTOR: Greer Croy & Fitch, ADDRESS: Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 1/31/59
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

FILE 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 ..... Signed Wallace N. Fatch
Signature of Student Embalmer

Licensed Embalmer No. 385 9

P. O. Address Poplar Bluff

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.