Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009143
STATE FILE NUMBER

FILED APR 14 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Trenton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wright Hospital — Length of stay in 1b life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Trenton 0402 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Plaza Hotel — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Gus Middle Last Winters.
4. DATE OF DEATH Month April Day 3 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH Nov. 17, 1873
9. AGE (In years last birthday) 85 — 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) Railway Conductor
10b. KIND OF BUSINESS OR INDUSTRY Transportation
11. BIRTHPLACE (City and state or country) Grundy Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Bud Winters
13b. MOTHER'S MAIDEN NAME Hettie Benson
14. NAME OF HUSBAND OR WIFE Ida Winters, dec.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Information obtained prior to death.

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) Cardio - Vascular - Renal Disease — INTERVAL BETWEEN ONSET AND DEATH 1 year
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) 442X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 Feb 1st 1959, to April 3d 1959 and last saw her/him alive on April 3d 1959
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Oliver F. Duffy MD
22b. ADDRESS Trenton Mo
22c. DATE SIGNED April 4th 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE APR 6, 1959
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
23d. LOCATION (City, town, or county) Trenton (State) Mo.

24. FUNERAL DIRECTOR J Gordon Blackmore ADDRESS Trenton, Mo.
25. DATE RECD. BY LOCAL REG. 4-6-59
26. REGISTRAR'S SIGNATURE [signature]

(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.

oliver.

AUG 11 1959

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.