

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012247

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 34

300
1-57

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1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar 0060	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Potts Nursing Home		d. STREET ADDRESS (If outside, give location) R. 4	
3. NAME OF DECEASED (Type or print) First Edna Middle A. Last Winton		4. DATE OF DEATH Month May Day 7 Year 1959	
5. SEX F.	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 15, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Girard, Kansas
13a. FATHER'S NAME Alphaus Richards		13b. MOTHER'S MAIDEN NAME Abigail Perry	14. NAME OF HUSBAND OR WIFE Barton Winton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 9040	17. INFORMANT Address Gail Winton Lamar, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Fracture Left Hip DUE TO (c) _____ 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 May 2, 59 March 25, 59
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.) Fell during night, in bed home.	
20c. TIME OF INJURY Hour _____ a.m. 12:00 p.m.		March 25, 1959	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Lamar, Barton Mo
21. I attended the deceased from Death occurred at 12:00 on March 25, 1959 to May 7, 59 and last saw her alive on May 6, 1959 a. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ben T. Beckel, MD.		22b. ADDRESS Lamar, Mo.	22c. DATE SIGNED May 8, 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 10, 59	23c. NAME OF CEMETERY OR CREMATORY Moorehead Cemetery
		23d. LOCATION (City, town, or county) (State) Barton County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Chiles Funeral Home 1201 Broadway Lamar, Mo.		25. DATE RECD. BY LOCAL REG. MAY 8 - 59	26. REGISTRAR'S SIGNATURE Maries Kanawitz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 12 1959

STATEMENT BY LICENSED EMBALMER

JAN 12 1959

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 *James S. Childs*

Licensed Embalmer No. *3473*

P. O. Address *Lamar 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.