

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018823
STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 131

300
-57

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before Admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN O'Fallon Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Josephs Hospital		Length of stay in lb 4 Days	d. STREET ADDRESS Box 229 O'Fallon Mo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Karen Middle Susan Last Winkelman			4. DATE OF DEATH Month May Day 14 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 11 - 1959	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 4 IF UNDER 24 HRS.: Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) c	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Leroy L Winkelman		
13b. MOTHER'S MAIDEN NAME Darlene Van Booven		14. NAME OF HUSBAND OR WIFE		

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. No	17. INFORMANT Leroy L Winkelman Address O'Fallon Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONGENITAL HEARD DISEASE - TWO (2) CHAMBERED HEART.		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		7545

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetus due to Aspiration of Amniotic Fluid		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 5-11-59 to 5-14-59 and last saw her alive on 5-14-59
Death occurred at 12 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Rene J. DuMont</i>	(Degree or title)	22b. ADDRESS O'Fallon Mo	22c. DATE SIGNED 5-15-59
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23a. BURIAL, CREMATION, REBURY (Specify) Burial	23b. DATE May 15 1959	23c. NAME OF CEMETERY OR CREMATORY Assumption	23d. LOCATION (City, town, or county) (State) O'Fallon Mo
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24. FUNERAL DIRECTOR Keithly Funeral Home	ADDRESS O'Fallon Mo	25. DATE RECD. BY LOCAL REG. May 19 59	26. REGISTRAR'S SIGNATURE <i>Marceea Wilson</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Not Embalmed....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 3154.....

P. O. Address [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.