

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022106

STATE FILE NUMBER

FILED JUL 7 1959

Registration District No. 184 Primary Registration District No. 4299 Registrar's No. 65

S. 300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Linn</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>		
b. CITY OR TOWN <b>Bucklin, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Ethel, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At the home of Daughter</b>		Length of stay in 1b. <b>2 1/2 wks.</b>	d. STREET ADDRESS <b>06/0</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lotie F.</b> Middle <b>Windle</b> Last			4. DATE OF DEATH Month <b>June</b> Day <b>25</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 16, 1870</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Napoleon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Harry Propst</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Peck</b>		14. NAME OF HUSBAND OR WIFE <b>W. H. Windle (Deceased)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mr. Harry Windle</b> Address <b>Ethel, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic myocarditis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>senility</b>					INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
20a. ACCIDENT <input 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.) <b>4221</b>			
20c. TIME OF INJURY Hour <b>5:17 A.M.</b> Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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 <b>6-10-59</b> to <b>6-25-59</b> and last saw her alive on <b>6-25-59</b> Death occurred at <b>5:17 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>B. A. Quilless D. O. A.</b> (Degree or title)			22b. ADDRESS <b>Bucklin Mo</b>		22c. DATE SIGNED <b>6-25-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 27, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ethel, Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Ethel, Missouri</b>
24. FUNERAL DIRECTOR <b>Larson Funeral Service, Bucklin, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>6-27-1959</b>		26. REGISTRAR'S SIGNATURE <b>Katharine Johnson Dep</b>	

x

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 *C. A. Larsen* .....

Licensed Embalmer No. 4037 .....

P. O. Address. Bucklin, Missouri

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.