

ED VS SEP 21 1959

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-033078

 Registration District No. 209 Primary Registration District No. 3043 STATE FILE NUMBER
 Registrar's No. 276

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILL</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>BARRY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Elizabeth</u>		d. STREET ADDRESS (If outside, give location) <u>8128 E</u>	
Length of stay in 1b <u>3 WKS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
NAME OF DECEASED (Type or print) First Middle Last <u>Mrs Bertha J Winner</u>			4. DATE OF DEATH Month Day Year <u>Sept 13 1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/30/1891</u>
9. AGE (In years last birthday) <u>68</u>		10. BIRTHPLACE (City and state or country) <u>0</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>BARRY</u>	
FATHER'S NAME <u>James Mellizer</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>_____</u>	
17. INFORMANT <u>James Winner</u>		Address <u>_____</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
DUE TO (b) <u>Valvular heart disease & myocardial insufficiency</u>			<u>3 years</u>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>4214</u>	
20c. TIME OF INJURY Hour Month, Day, Year 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 <u>Aug 22, 1959</u> to <u>Sept 13, 1959</u> and last saw her alive on <u>Sept 13, 1959</u> Death occurred at <u>12:20</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James Winner</u>		22b. ADDRESS <u>707 Bdwy, Hannibal, Mo.</u>	
22c. DATE SIGNED <u>9-14-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9/15/1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN</u>		23d. LOCATION (City, town, or county) (State) <u>BARRY ILL</u>	
FUNERAL DIRECTOR <u>Sho. D. Lock</u> ADDRESS <u>BARRY</u>		25. DATE RECD. BY LOCAL REG. <u>9-14-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Mr. L. M. Luckey by G. C. Fisher</u>	

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 *John D. Smith*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John D. Smith*

Licensed Embalmer No. 69

P. O. Address Bany

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.