

FILED VS DEC 3 0 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'59 045008

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY OR TOWN <u>Louisiana</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>9 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>I406 Tenn.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I406 Tennessee</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvin Wesley</u> b. (Middle) <u>Windmiller</u> c. (Last) <u>Windmiller</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>23</u> (Year) <u>59</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-1-1872</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Pleasant Hill, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Charles</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Hartsook</u>	14. NAME OF HUSBAND OR WIFE <u>Rossie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>492-24-1994</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence L. Windmiller</u> ADDRESS <u>Louisiana Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>URINARY INFECTION</u>		<u>6 MON.</u>
	DUE TO (c) <u>Prostatitis</u>		<u>8 MON.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>611X</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1959, to 12-23, 1959, that I last saw the deceased alive on 12-23, 1959, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. L. Belyea D.O.</u> (Degree or title)	23b. ADDRESS <u>Louisiana Mo.</u>	23c. DATE SIGNED <u>12-24-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hts.</u>
		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Ill.</u>

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Dec 26 59 Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Ward</u> ADDRESS <u>Pleasant Hill</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

JAN 5

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~ Frank Ward..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank Ward.....

Licensed Embalmer No. 9620

P. O. Address Pleasant Hill

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.