# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043734
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1369

FILED JAN 15 1962

AMENDED

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: 6 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sunnyslope Nursing Home 3225 So. 11th St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Iowa
b. COUNTY: Fremont
c. CITY OR TOWN: Hamburg
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HARRY Middle J. Last WINDER

4. DATE OF DEATH: Month December Day 16 Year 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/21/1886
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (City and state or country): Dearborn, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel Winder
13b. MOTHER'S MAIDEN NAME: Emma Smith
14. NAME OF HUSBAND OR WIFE: Clara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ———
17. INFORMANT: Mrs. Estina Gresham
Address: St. Joseph, 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): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Senility + confinement to bed
DUE TO (c): L Hemiplegia due to cerebral hemorrhage — 6 yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Obesity
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 7, 1961 to Dec 16, 1961 and last saw ~~her~~ him alive on Dec 13, 1961
Death occurred at 2:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C.S. Grant M.D. (Degree or title)
22b. ADDRESS: St. Joseph Mo
22c. DATE SIGNED: 12.24.61

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 12/16/1961
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Hamburg, Iowa

24. FUNERAL DIRECTOR: Heaton-Bowman
ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 12. 1962
26. REGISTRAR'S SIGNATURE: Mrs Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

**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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 Joliet, Ill.

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.