

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044375

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 285 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED JAN 2 1962

1. PLACE OF DEATH
 a. COUNTY Henry
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Windsor Length of stay in 1b 3 yrs
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital Inside Limits Yes No

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

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Eva May Towels Dec. 20 - 1961

5. SEX F 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-3-1880 9. AGE (last birthday) 86 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Wisconsin 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Crowell 13b. MOTHER'S MAIDEN NAME Alzada Ames 14. NAME OF HUSBAND OR WIFE Wm. Towels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Claude Merritt, Lysses, Kans.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Respiratory failure INTERVAL BETWEEN ONSET AND DEATH 24 hrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute congestive heart failure + pneumonia 2 days
 DUE TO (c) Arteriosclerotic heart disease 1-2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture, left hip PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.) Fell in rest home

20c. TIME OF INJURY Hour 7:30 a.m. Month, Day, Year 10-23-61

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.) Rest home 20f. CITY, TOWN, OR LOCATION COUNTY STATE
Windsor Henry Missouri

21. I attended the deceased from July 1960 to Dec 20-1961 and last saw her/him alive on Dec 19, 1961
 Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Simmons M.D. 22b. ADDRESS 114 N Main 22c. DATE SIGNED 12-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-22-61 23c. NAME OF CEMETERY OR CREMATORY Pleasant Union 23d. LOCATION (City, town, or county) (State) Windsor Mo

24. FUNERAL DIRECTOR ADDRESS Ellis M. Huston - Windsor, Mo. 25. DATE RECD. BY LOCAL REG. Dec 25, 1961 26. REGISTRAR'S SIGNATURE Mildred Bigum

1970-1971

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 Ellen M. Husted

Licensed Embalmer No. 3391

P. O. Address Windsor

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.