

FILED JAN 9 1969

STATE FILE NUMBER
124 168-047978

CERTIFICATE OF DEATH

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 5

DO NOT WRITE ON THIS STUB

9. 1

10a. 93

10b.

11. 0

12. 2

13. 4319

14.

15. 4

16.

17.

18. 2

19. CREDITS

20. 1-0

VS 300
Rev. 1/68

4. 0050

5. 04

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0050

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST <u>Carrie Windes STEPHENS</u>		SEX <u>female</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>Dec. 27, 1968</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>white</u>		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS <u>93</u>	DATE OF BIRTH (MONTH, DAY, YEAR) <u>Jan 9, 1875</u>
CITY, TOWN, OR LOCATION OF DEATH <u>Cassville</u>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>South Barry County Hospital</u>	COUNTY OF DEATH <u>Barry</u>
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>Missouri</u>	CITIZEN OF WHAT COUNTRY <u>USA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
SOCIAL SECURITY NUMBER <u>1496-10-4593-7</u>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>housewife</u>	KIND OF BUSINESS OR INDUSTRY <u>home</u>	
RESIDENCE—STATE <u>Missouri</u>	COUNTY <u>Barry</u>	CITY, TOWN, OR LOCATION <u>Washburn</u>	STREET AND NUMBER <u>yes</u>
FATHER—NAME FIRST MIDDLE LAST <u>B. Frank Windes</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>Crochia Rayl</u>	
INFORMANT—NAME <u>Mrs. Maxine Ferguson</u>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Sunset Heights Cassville, Mo. 65625</u>	
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) <u>Cerebral Anoxia</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Cerebral Arteriosclerosis</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Senility</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>Unknown</u> <u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 70a.	DATE OF INJURY (MONTH, DAY, YEAR) 70b.	HOUR 70c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M. 70d.
INJURY AT WORK (SPECIFY YES OR NO) 70e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 70f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 70g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. <u>12-23-68</u>	MONTH DAY YEAR 21b. <u>12-27-68</u>	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. <u>12-27-68</u>	I DID/DID NOT VIEW THE BODY AFTER DEATH 21d. <u>Did Not</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.			
CERTIFIER—NAME (TYPE OR PRINT) 23a. <u>Vance E. Cridling.</u>		SIGNATURE <u>Vance E. Cridling</u>	DEGREE OR TITLE <u>DO</u>
MAILING ADDRESS—CERTIFIER 23b. <u>603 Main Street</u>		CITY OR TOWN <u>Cassville</u>	STATE <u>Missouri</u>
DATE SIGNED (MONTH, DAY, YEAR) 23c. <u>12/30/68</u>		ZIP <u>65625</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>	CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE <u>Washburn Prairie Cem. Washburn Missouri</u>		
DATE (MONTH, DAY, YEAR) 24b. <u>Dec. 29, 1968</u>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24c. <u>Culver's P.O. Box 266 Cassville, Mo. 65625</u>		
FUNERAL DIRECTOR—SIGNATURE 25a. <u>Paul D. Hest</u>	REGISTRAR—SIGNATURE 25b. <u>Grace Williams</u>	DATE RECEIVED BY LOCAL REGISTRAR 26. <u>1-2-1969</u>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Burial permit issued 12-28-68 P.M.

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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville, Mo.

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.