

STANDARD CERTIFICATE OF DEATH

State File No. **22540**

National Office of Vital Statistics
FILED AUG 13 1948

Registration District No. **67**

Primary Registration District No. **5265**

Registrar's No. **11**

1. PLACE OF DEATH:
 (a) County **Christian**
 (b) City or town **Sparta Mo. Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Rural**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community **2 years**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **Christian**
 (c) City or town **Sparta Mo. Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Rural**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Harve E. Winslow**
 3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **male** 5. Color or race **w.** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Allie Winslow** 6. (c) Age of husband or wife if alive **66** years
 7. Birth date of deceased **Apr 2 1898**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 18 hr. min.

9. Birthplace **Illinois**
 (City, town or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business.....

12. Name **Albert Winslow**

13. Birthplace **Maine**
 (City, town or county) (State or foreign country)

14. Maiden name **Mary F. Colby**

15. Birthplace **Illinois**
 (City, town or county) (State or foreign country)

16. (a) Informant **Fred Winslow**

(b) Address **Sparta Mo.**

17. (a) **Buried** (b) Date thereof **April 22-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cem**

18. (a) Signature of funeral director **T. R. Chaffin**

(b) Address **Ozark, Mo.**

19. (a) **July 30-48** (b) **L. L. Barry**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **20**
 year **1948** hour **5** minute **10** P. M.

21. I hereby certify that I attended the deceased from **Feb 7th** 1948, to **April 20**, 1948;
 that I last saw h.l.m. alive on **April 15**, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-Renal Vascular Syndrome**
Uremic Poisoning
 Due to **Chronic Nephritis**

Due to.....
 Due to.....
 Other conditions (include pregnancy within 3 months of death)

Major findings:
 Of operations **10/10**
 Of autopsy.....

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
 While at work..... Means of injury **2**

23. Signature **Harve E. Winslow** (M. D. or other)
 Address **Sparta, Mo.** Date signed **Apr 22-48**

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 6,
District File Number 848-899
Date Filed AUG 12 1948

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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

T. B. Chaffin

Licensed Embalmer No. _____

2192

P. O. Address _____

Ozark, 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 this body is not embalmed, fact should be so stated above.