

FILED MAY 12 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 13325

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>5914</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wittenburg Mo.</u>		c. LENGTH OF STAY (in this place) <u>80</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wittenburg Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>L. (Arnsberg)</u> c. (Last) <u>Winters</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>March 30 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 23 1868</u>		9. AGE (In years last birthday) <u>80</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Perry Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>August Arnsberg</u>		13b. MOTHER'S MAIDEN NAME <u>Margarete Staufenberg</u>	
14. NAME OF HUSBAND OR WIFE <u>August Winters</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theodore B. Winters</u> ADDRESS <u>Wittenburg 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterial Hypertension</u> <u>7 years</u> DUE TO (c) <u>Atherosclerosis</u> <u>1 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>44 2X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>May 15, 1942</u> , to <u>March 30, 1949</u> , that I last saw the deceased alive on <u>March 28, 1949</u> , and that death occurred at <u>1:10P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Theodore Fischer M.D.</u> (Degree or title)		23b. ADDRESS <u>Attenburg, Mo.</u>		23c. DATE SIGNED <u>April 2, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 3 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>			
24d. LOCATION (City, town, or county) (State) <u>Wittenburg Mo.</u>		DATE REC'D BY LOCAL REG. <u>Apr 5-1949</u>		REGISTRAR'S SIGNATURE <u>Joseph Zellmer</u> 250			
FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons</u>		ADDRESS <u>Perryville Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

79  
0  
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RECEIVED

District Health Officer No. 4  
District File Number 549-63  
Date Filed 5-11-4

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 .....  
Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.