No. 300
10-48

FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16499

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 48

56
20

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange
d. STREET ADDRESS (If rural, give location): x

3. NAME OF DECEASED (Type or Print): a. (First) Kathryn b. (Middle) I c. (Last) Windsor

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb 1, 1869

9. AGE (In years last birthday): 80 — If under 1 year: Months 3, Days 18, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Phillips

13b. MOTHER'S MAIDEN NAME: Elizabeth Wagner

14. NAME OF HUSBAND OR WIFE: John Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs. Ernest Locker LaGrange, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 15 MIN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIO SCLEROSIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 9, 1948, *to* MAY 19, 1949, *that I last saw the deceased alive on* MAY 19, 1949, *and that death occurred at* 11:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W L Ellery MD
23b. ADDRESS: LaGrange Mo
23c. DATE SIGNED: 5/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 22, 1949
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): LaGrange Missouri

DATE REC'D BY LOCAL REG.: 5/27/49
REGISTRAR'S SIGNATURE: V. O. Jennings
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Paul A Vaughan LaGrange, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 1
District File Number 5-49-95
Date Filed MAY 3 1 1949

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.

Signed: Paul G. Vaughn

Signed: _____
Student Embalmer

Licensed Embalmer No. 4909

P. O. Address: Ke Orange, Tex.

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.