

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9693**

BIRTH NO. _____ REG. DIST. NO. **221** PRIMARY REG. DIST. NO. **5793** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY MONITEAU			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN RURAL-WINN		c. LENGTH OF STAY (in this place) 100 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WINN		d. STREET ADDRESS (If rural, give location) NEAR LUPUS MO
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR LUPUS MO.			d. STREET ADDRESS (If rural, give location) NEAR LUPUS MO		
3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) LEE c. (Last) WINDSOR			4. DATE OF DEATH (Month) (Day) (Year) FEB. 22-1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY-1-1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPER	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME GEORGE CAHEY		13b. MOTHER'S MAIDEN NAME Polly Wood		14. NAME OF HUSBAND OR WIFE DEAD W. H. WINDSOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Russell Adair Prairie Home		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 4 years
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		10 years
			DUE TO (c)		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 42		
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)		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 dead when first seen , 19 19 , that I last saw the deceased alive on 19 , and that death occurred at 12:05 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Kerion Latham M.D. - Coroner			23b. ADDRESS California, Mo.		23c. DATE SIGNED 2-24-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB 25-1950	24c. NAME OF CEMETERY OR CREMATORY, PROVIDENCE C.E.M.		24d. LOCATION (City, town, or county) (State) NEAR PRAIRIE HOME MO	
DATE REC'D BY LOCAL REG. 3-17-50		REGISTRAR'S SIGNATURE Lada M. Swain		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 C. ALBERT HOYNECK	

PRAIRIE HOME MO.

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

0680

RECEIVED
MAR 18 1950
District Health Officer No. 9,
District File Number

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prarie Home 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.