

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

127770

State File No.

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4229 Registrar's No. 30

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Howard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Howard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin mo</u> | |
| c. LENGTH OF STAY (in this place) <u>14 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>204 So Howard St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARtha</u> b. (Middle) <u>Josephine</u> c. (Last) <u>WINNINGHAM</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 26-1950</u> | | |
|--|--|--|---|--|--|

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|----------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>aug. 18-1886</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|-----------------------------|

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|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTH PLACE (State or foreign country) <u>Proctor mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|--|--|---|

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>J. L. Earnest</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Snyder</u> | 14. NAME OF HUSBAND OR WIFE <u>Harvey A. Winningham</u> |
|---|---|---|

| | | |
|--|-------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Edith S. Earnest, Howard mo.</u> |
|--|-------------------------|---|

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|---|---|--|---|---------------|
| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic carcinoma Lungs</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Breast</u> | | | <u>3 year</u> |
| | DUE TO (c) <u>arteriosclerosis myocardii, reulom</u> | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chr nephritis</u> | | <u>170X</u> | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 mar 16, 1949, to mar 25, 1950, that I last saw the deceased alive on mar 25, 1950, and that death occurred at 10:40 A. M., from the causes and on the date stated above.

| | | |
|---|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>H. L. Shell, M.D.</u> | 23b. ADDRESS <u>New Franklin mo</u> | 23c. DATE SIGNED <u>3-28-50</u> |
|---|-------------------------------------|---------------------------------|

| | | | |
|--|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u> | 24b. DATE <u>Mar. 28-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cem. Versailles mo.</u> | 24d. LOCATION (City, town, or county) (State) |
|--|-------------------------------|--|---|

| | | | |
|---|--|-----|--|
| DATE REC'D BY LOCAL REG. <u>3-30-50</u> | REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> | 436 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. L. Hall, New Franklin</u> |
|---|--|-----|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 19

Main Health Officer No. 8,

File Number

Date Filed 4-19-50

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 R. L. Hall

Signed _____
Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.