

FILED JUN 30 1950

STANDARD CERTIFICATE OF DEATH

19332

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BORANCE Twp</u> c. LENGTH OF STAY (In this place) <u>2 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARBLE HILL</u> <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR MARBLE HILL</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>EMALINE</u> c. (Last) <u>WINCHESTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-7-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-24-1887</u>
9. AGE (In years last birthday) <u>62</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWY.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (In years last birthday) <u>62</u> 10. MONTHS <u>5</u> 11. DAYS <u>13</u> 12. IF UNDER 1 YEAR 13. IF UNDER 1 MIN.
11. BIRTHPLACE (State or foreign country) <u>HENDERSON Co. TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>THOMAS HANEY</u>	13b. MOTHER'S MAIDEN NAME <u>EMILEY PETTY</u>	14. NAME OF HUSBAND OR WIFE <u>M.W. WINCHESTER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>M.W. WINCHESTER</u> ADDRESS <u>MARBLE HILL 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of colon</u> DUE TO (c) <u>with metastasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>171X</u>
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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) (Minute)	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 5/20, 1950, to _____, 19____, that I last saw the deceased alive on 5/29, 1950, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Hyman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Louis Mo</u>	23c. DATE SIGNED <u>6/26/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM</u>
24d. LOCATION (City, town, or county, and / (State)) <u>WATESVILLE Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie Dan Amburge</u> ADDRESS <u>BAKER FUNERAL HOME, WATESVILLE, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 26 1950</u> REGISTRAR'S SIGNATURE <u>25</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

650-844

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

J. E. Graham

Licensed Embalmer No. *4010*

P. O. Address *Lutesville, 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.

