.300
.48

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26667

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (in this place): 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sullivan Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallatin 0310
d. STREET ADDRESS (If rural, give location): --- 1

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elizabeth
c. (Last): Winburn

4. DATE OF DEATH (Month) (Day) (Year): August 17 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feby, 16 1862
9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR Months: 6 Days: 1 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Gallatin, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Peter P. Place
13b. MOTHER'S MAIDEN NAME: Margaret Ross
14. NAME OF HUSBAND OR WIFE: Jason Winburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Beulah Oak, Gallatin, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Breast with Metastasis — 2 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 170X

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* Aug, 1950, *to* Aug 17, 1950, *that I last saw the deceased alive on* Aug 17, 1950, *and that death occurred at* 5:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merriam Gearhart MD
23b. ADDRESS: Bethany, Mo
23c. DATE SIGNED: 8/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 8-21-1950
24c. NAME OF CEMETERY OR CREMATORY: Brown Cemetery
24d. LOCATION (City, town, or county) (State): Gallatin, Missouri

DATE REC'D BY LOCAL REG.: 8/28/50
REGISTRAR'S SIGNATURE: Zola Burris 116 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. O. Richesson, Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 5 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed L. O. Richerson

Signed.....
Student Embalmer.

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.