

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7912

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville Mo.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higbee Mo</u>		0880
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph</u>			d. STREET ADDRESS (If rural, give location) <u>/</u>		
3. NAME OF DECEASED a. (First) <u>MRS. IDA</u> (Type or Print) <input checked="" type="checkbox"/> <u>✓</u> b. (Middle) <u>MAY</u> c. (Last) <u>WINN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 12 1951</u>		
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>May 2 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harvy Cabbage.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Uncam</u>		14. NAME OF HUSBAND OR WIFE <u>Dr J. W? Winn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr Warren Winn Boonville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3+ days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</u> <u>10+ days</u> DUE TO (c) <u>Generalized arteriosclerosis</u> <u>3+ years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized osteoporosis</u> <u>3+ years</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 (a.e. in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>6-22</u> , 19 <u>49</u> , to <u>3-12-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-8-51</u> , 19 <u>51</u> , and that death occurred at <u>7^{1/2}</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u>			23b. ADDRESS <u>Boonville, Mo</u>		23c. DATE SIGNED <u>3/14/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 14 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove.</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-14-51</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u> <u>381</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burton Funeral Home. Higbee Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

5272

RECEIVED 3-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-20-51

OCT 16 1951

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

Ell Triemont

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.