V.S. No. 300
Rev. 10-48

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22359

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 60

0160
1

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shannon Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland 0160
d. STREET ADDRESS (If rural, give location): Shannon Twp 0

3. NAME OF DECEASED (Type or Print)
a. (First) MARY A. b. (Middle) WINTER c. (Last)

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 9, 1869
9. AGE (In years last birthday): 82 — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Altenburg Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Bellmann
13b. MOTHER'S MAIDEN NAME: Engel Wichern
14. NAME OF HUSBAND OR WIFE: Martin A Winter

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: L. H. Anderson, Fruitland Mo — ADDRESS

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): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — several yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443 x
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* 8-14, 1947, *to* 7-27, 1951, *that I last saw the deceased alive on* 7-26, 1951, *and that death occurred at* 8:27 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. F. McDonald, MD
23b. ADDRESS: Jackson, Mo
23c. DATE SIGNED: 7-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29
24c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran
24d. LOCATION (City, town, or county) (State): Cocahontas Mo

DATE REC'D BY LOCAL REG.: July 30 '51
REGISTRAR'S SIGNATURE: D. G. Siebert 43
25. FUNERAL DIRECTOR'S SIGNATURE: A. H. Miller — ADDRESS: Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 1954

RECEIVED
AUG 7 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

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 Lene C. Criscoff
Licensed Embalmer No. 432
P. O. Address Jackson 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.