

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

23985

State File No. _____

No. 300
10.48

FILED AUG 8 1951

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>2052</u>		Registrar's No. <u>247</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>29 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Houstonia</u>		<u>1800</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Boothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter Henry</u> b. (Middle) <u>Winters</u> c. (Last) <u>Winters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 51</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 16 1881</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>decorator</u>		11. BIRTHPLACE (State or foreign country) <u>Nashville Tenn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John M. Winters</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Bessie</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie D. Strode</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-16-4152</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie D. Winters</u>		ADDRESS <u>Houstonia</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>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of pancreas</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cord tumor at level of 11th dorsal</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>157X</u>		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 <u>April 15, 1951</u> to <u>July 28, 1951</u> , that I last saw the deceased alive on <u>July 28, 1951</u> , and that death occurred at <u>1:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. Gordon Stauffer M.D.</u>				23b. ADDRESS <u>Sedalia Mo.</u>		23c. DATE SIGNED <u>7-28-51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>buried</u>		24b. DATE <u>7-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Monte</u>		24d. LOCATION (City, town, or county) (State) <u>La Monte Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-30-1951</u>		REGISTRAR'S SIGNATURE <u>Boothwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hickman</u>		ADDRESS <u>Houstonia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

8040

RECEIVED 8-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-7-51 _____

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

H. H. Smith

Licensed Embalmer No. 3987

P. O. Address

Hamlet, N.C.

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.