

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24134

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>	c. LENGTH OF STAY (In this place township) <u>25 yrs</u>	c. CITY OR TOWN <u>Cape Girardeau</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Mo. Hosp.</u>		e. STREET ADDRESS <u>1807 Lacy</u>	<u>0164</u> <u>0</u>

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Winters</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 12 1877</u>	9. AGE (In years) (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 Hrs. Days <u>28</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merc.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Mer.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Laflin Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>Ben F Winters</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Huffman</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Winters</u>
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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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Winters</u>	ADDRESS <u>Cape Girardeau Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Operation bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive cardiovascular disease & residual hemiplegia</u> DUE TO (c) <u>Carcinoma of bladder and prostate gland</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>prostatic obstruction 181X</u>		

19a. DATE OF OPERATION <u>7-7-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>1) Prostatic obstruction 2) High stage vesical bladder tumor occupying entire left side of bladder</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>(Specify)</u>	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 <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 7-6-1953, to 7-9-1953, that I last saw the deceased alive on 7-9-1953, and that death occurred at 11:5 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. R. Seabaugh, M. D.</u>	(Degree or title)	23b. ADDRESS <u>801A Broadway Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>7-13-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 12 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
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DATE RECD BY LOCAL REG. <u>7-13-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44-0	FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Howard</u>	ADDRESS <u>Cape Girardeau Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 31 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..... Signature of Student Embalmer

Signed..... Joe F. Howee

Licensed Embalmer No. 339
P. O. Address Cape Verde

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 licensé).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.