

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1998**

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 6 Wks.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		d. STREET ADDRESS (If rural, give location) 1123 Webster
d. FULL NAME OF HOSPITAL OR INSTITUTION 1021 Cherry			d. STREET ADDRESS (If rural, give location) 1123 Webster		
3. NAME OF DECEASED (Type or Print) a. (First) CHLOIE b. (Middle) PEARL c. (Last) VanWINKLE			4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1954		
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 15, 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Private home.	11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles A. Rust		13b. MOTHER'S MAIDEN NAME Martha E. Davis		14. NAME OF HUSBAND OR WIFE William (dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-36-5580	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Castle-Billings, Mont. 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) Fibroid of uterus II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 yr 30 yrs
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chillicothe Livingston Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		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 Jan 27, 1954 , to Feb 9, 1954 , that I last saw the deceased alive on Feb 9, 1954 and that death occurred at 5:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE G.W. Carpenter (Degree or title) MD.			23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED 2-10-1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 12, 1954	24c. NAME OF CEMETERY OR CREMATORY Edgewood cemetery	24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.	
DATE REC'D BY LOCAL REG. 2-11-54		REGISTRAR'S SIGNATURE Frances B. Nail		25. FUNERAL DIRECTOR'S SIGNATURE Ronald Gordon ADDRESS Chillicothe Mo.	

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

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

George R. Deago

Licensed Embalmer No. 4480

P. O. Address Bx 469, Chillum, D.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.