

FILED JUN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16382
 BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>411 Grant Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Susan</u>	c. (Last) <u>Winchester</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 22 1880</u>	9. AGE (In years if under 1 year last birthday) Months Days <u>73 6 1</u>	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cassville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Louis Widener</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Hall</u>	14. NAME OF HUSBAND OR WIFE <u>H. J. Winchester (Deceased)</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>Nola McGuire</u>	ADDRESS <u>Neosho, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated gall bladder</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bile Peritonitis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>586x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 20, 1954, to May 23, 1954, that I last saw the deceased alive on May 23, 1954, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond M. Miller</u> (Degree or title) <u>Howard H. Miller, M.D.</u>	23b. ADDRESS <u>607 Frisco Bldg.</u> <u>Joplin, Missouri</u>	23c. DATE SIGNED <u>5-25-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Neosho I.O.O.F</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-25-54</u>	REGISTRAR'S SIGNATURE <u>Raymond M. Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Mares Rome Wheeler</u>	ADDRESS <u>Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAIL IN PERMANENT RECORD

JUN 24 1954

RECEIVED JUN 1 1954
Jaspe County Health Office
County File Number 54-6-427
Date Filed JUN 1 1954

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 James Kenneth Duncan
Licensed Embalmer No. 4767

P. O. Address Wheaton 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.