

FILED JUL 21 1954

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

24042

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4428</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland, Mo</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Windes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 11, 1954</u>	
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. 23, 1861</u>	
9. AGE (in years last birthday) <u>92</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		11. UNDER 100 HRS. Hours <u>0</u> Min. <u>0</u>			
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>None</u>		11. BIRTHPLACE (State or foreign country) <u>Miller Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>William A. Bradshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Jasper Newton Windes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Windes Richland, Mo Rural</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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE PULMONARY EDEMA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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.		INTERVAL BETWEEN ONSET AND DEATH <u>2 HOURS</u> <u>10 YEARS</u> <u>10 YEARS</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JULY 5, 1954</u> to <u>JULY 8, 1954</u> , that I last saw the deceased alive on <u>JULY 7, 1954</u> , and that death occurred at <u>8:55 P.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>James H. Maynard, M.D.</u>		23b. ADDRESS <u>Richland, Missouri</u>		23c. DATE SIGNED <u>July 12, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warren Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bramley Mo Rural</u>	
DATE REC'D BY LOCAL REG. <u>7-14-54</u>		REGISTRAR'S SIGNATURE <u>Carla J. Anderson</u>		25. FUNERAL HOME <u>Heiges Funeral Home Richland, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

File Number 7-17-54  
Date Filed 7-17-54

Pulaski County Health Officer

RECEIVED 7-14-54

### 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

*Clarence Shouse*

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.