

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

38191

FILED DEC 6 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 23

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Barky</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Stella</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Washburn</u>   |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location)<br><u>on street</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |   |  |

|  |                           |  |   |
|--|---------------------------|--|---|
| 3. NAME OF DECEASED<br>a. (First) <u>William</u> b. (Middle) <u>Frank</u> c. (Last) <u>Winder</u>            |                           | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Nov 22 1954</u> |   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)         | 8. DATE OF BIRTH<br><u>Jan 1 1896</u>                           |
| 9. AGE (In years last birthday) <u>58</u>  |                           | IF UNDER 1 YEAR<br>Months <u>10</u> Days <u>21</u>             | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u>                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>farmer</u> |                           | 10b. KIND OF BUSINESS OR INDUSTRY                              | 11. BIRTHPLACE (State or foreign country)<br><u>Washburn Mo</u> |
|  |                           | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                  |   |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><u>Robert A Winder</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Bertel B. Black</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Hattie Winder</u>                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)<br><u>yes World War I</u> | 16. SOCIAL SECURITY NO.                             | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Hattie Winder Washburn Mo</u> |
|  |   | ADDRESS   |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>instant</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |  |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION<br><u>4330</u>  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 Nov 1 1953 to Nov 22 1954 that I last saw the deceased alive on Nov 22, 1954 and that death occurred at 9:27 p.m., from the causes and on the date stated above.

|   |                   |                                  |                                     |
|---|-------------------|----------------------------------|-------------------------------------|
| 23a. SIGNATURE<br><u>C. Cardwell M.D.</u> | (Degree or title) | 23b. ADDRESS<br><u>Stella Mo</u> | 23c. DATE SIGNED<br><u>11-22-54</u> |
|---|-------------------|----------------------------------|-------------------------------------|

|  |                                |   |  |
|--|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>11-26-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Washburn Prairie</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Washburn, Missouri</u> |
|--|--------------------------------|---|--|

|   |   |  |         |
|---|---|--|---------|
| DATE REC'D BY LOCAL REG.<br><u>11-27-1954</u> | REGISTRAR'S SIGNATURE<br><u>Alpha Dyer 369-</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Paul H. Herbert - Cassville, Mo</u> | ADDRESS |
|---|---|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 1254-247

Date Filed DEC 3 1954

NEOSHO, MISSOURI

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

*Paul H. Hendest*

Licensed Embalmer No. 4576

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.