

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 472

No. 300

10.48

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 98			
1. PLACE OF DEATH a. COUNTY 1 b. CITY (If outside corporate limits, give RURAL and give township) Cape Girardeau OR TOWN Cape Girardeau c. LENGTH OF STAY (In this place) 15 yr d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 235 Goodhope, Cape Gir.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (Institution)) a. STATE Missouri b. COUNTY Cape Gir c. CITY OR TOWN Cape Girardeau d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				STREET ADDRESS (If rural, give location) 235 Goodhope 0168	
3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) John c. (Last) Winter			4. DATE OF DEATH (Month) (Day) (Year) Feb 2 1955						
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Nov 17 1884			
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		11. BIRTHPLACE (City and State or Foreign Country) 0 U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY National Lead Co. P. Mo.		11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME August Winter			13b. MOTHER'S MAIDEN NAME Marie Mangeldorf			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no, no,		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Lydia Winter Cape Gir. Mo.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 10 yrs + DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio-Vascular renal disease 10 yrs +				INTERVAL BETWEEN ONSET AND DEATH 10 yrs +			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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)		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 April 4, 1950, Feb 2, 1955, that I last saw the deceased give on Feb 1, 1955, and that death occurred at 3 am from the causes and on the date stated above.									
23a. SIGNATURE John Crowe 0 MD (Degree or title)				23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED Feb 2, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 4 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.			
DATE REC'D BY LOCAL REG. 2-4-55		REGISTRAR'S SIGNATURE C. C. Summers 44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. Kester - Cape Gir Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 22 1955

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 *W.H. Foster*

Licensed Embalmer No. *256*

P. O. Address *Cape Gir*

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