

Missouri  
FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19655

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILL</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLEASANT-HILL</u>	
c. LENGTH OF STAY (In this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>812<sup>n</sup> 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE-COUNTY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNY</u> b. (Middle) <u>MADORA</u> c. (Last) <u>WINDMILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 55</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 10, 72</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>PLEASANT-HILL-RURAL</u>
10c. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>GEORGE-FINDLEY</u>		13b. MOTHER'S MAIDEN NAME <u>JANE-ZUMWALT</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES-WINDMILLER</u>
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>Mrs. Orel Zimmerman</u> ADDRESS <u>Madison</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebro-Vascular Accident with Hemiplegia, Right</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>331X</u> DUE TO (c) <u>Chronic Arterio Sclerotic Cardio-Vascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>?</u>	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Minute)		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 <u>May 19, 1955</u> , to <u>June 19, 1955</u> , that I last saw the deceased alive on <u>6-19-55</u> , and that death occurred at <u>7:55 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert L. Medina MD</u> (Degree or title)		23b. ADDRESS <u>Louisiana Mo 6/19/55</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-21-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CRESCENT-HEIGHTS</u>		24d. LOCATION (City, town, or county) (State) <u>PLEASANT-HILL, ILL.</u>	
DATE REC'D BY LOCAL REG. <u>June 20, 1955</u>		REGISTRAR'S SIGNATURE <u>Bernice Callier</u> 374	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Harmon</u> ADDRESS <u>Pleasant Hill, Ill.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 1956

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 R. Harman

Licensed Embalmer No. 5208

P. O. Address Pleasant Hill, Ill.

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.