

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28833

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>284</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>45 hours</u>		c. CITY OR TOWN <u>Gibbs,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Route #1.</u> <span style="float: right;"><u>00101</u></span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Winifred</u> b. (Middle) <u>Augusta</u> c. (Last) <u>Meline</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30 1955</u>				
5. SEX <u>Fe. / W.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11 November 1904</u>	
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Boston, Illinois /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Fred J. Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Carl A. Meline</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>Carl A. Meline</u>			ADDRESS <u>Subs Me.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Cerebral vascular accident</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus 33IX</u>					INTERVAL BETWEEN ONSET AND DEATH <u>45 hours</u>  <u>15 years.</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) m.		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>28 Sept.</u> , 19 <u>55</u> , to <u>30 Sept.</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>30 Sept.</u> , 19 <u>55</u> , and that death occurred at <u>5:2 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Claus A. Rohwiler D.O.</u>				23b. ADDRESS <u>Kirksville Missouri</u>		23c. DATE SIGNED <u>9-30-55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/3 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKSVILLE MO</u>		
DATE REC'D BY LOCAL REG. <u>10-1-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Scott Casley, Hardland Mo</u>			

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

JUL 16 1958

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.....  
*Geo B Cooley Jr*

Licensed Embalmer No. *375*

P. O. Address *Hardlow*

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.