

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34898

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4377		Registrar's No. 239	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY OR TOWN Quitman		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Quitman		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 Family home				e. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) CLARENCE		c. (Last) WINSLOW		4. DATE OF DEATH (Month) (Day) (Year) 10 20 56	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3/18/87	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (If the kind of work done during most of working life, given if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and State or Foreign Country) Quitman, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Ellsworth Winslow		13b. MOTHER'S MAIDEN NAME Terra Ann Pennington		14. NAME OF HUSBAND OR WIFE Lola Mae Hewitt Winslow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-07-0225		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lola Mae Winslow, Quitman, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shot - Gun wound left side neck + head</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Quitman Nodaway MO</i>			
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 <i>Oct 20, 1956</i> , to <i>Oct. 20, 1956</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:15A.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>B. J. Gland</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>Maryville, Missouri</i>		23c. DATE SIGNED <i>10/22/56</i>	
24a. BURIAL, CREMATION, OR TIGION REMOVAL (Specify) <i>burial</i>		24b. DATE <i>10/24/56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Ohio</i>		24d. LOCATION (City, town, or county) (State) <i>Burlington Jct., Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Oct 27 - 1956</i>		REGISTRAR'S SIGNATURE <i>Bess Holt</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Price Funeral Home, Maryville, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Clun M. Price*

Licensed Embalmer No. *182*

P. O. Address *Marysville,*

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.