

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH25205  
STATE FILE NUMBER  
REGISTRAR'S NO. 122

FILED JUL 30 1957

Registration District No. 170 Primary Registration District No. 3033

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lebanon</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1112 Beverly</b>		Length of stay in lb <b>—</b>	d. STREET ADDRESS <b>1112 Beverly</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARGARET WINDSOR</b>			4. DATE OF DEATH <b>July 19, 1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 17, 1863</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	9. AGE (In years last birthday) <b>93</b>
11. BIRTHPLACE (City and state or country) <b>Zenia, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Smothers</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Robinson</b>	14. NAME OF HUSBAND OR WIFE <b>Charles E. Windsor</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT Address <b>Mr. Claude Windsor, Lebanon, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Viral Hypostatic Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Myocardial Infarction</b> DUE TO (c) <b>Cardiac Decompensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b> <b>5 days</b> <b>30 Min.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>H92K</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>June 22, 1957</b> to <b>July 19, 1957</b> and last saw her alive on <b>July 19, 1957</b> Death occurred at <b>7:15 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>D.O. 117 N. Jefferson, Lebanon, Mo.</b>	22c. DATE SIGNED <b>7-23-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>7/21/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>L ebanon City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lebanon, Mo.</b>
24. FUNERAL DIRECTOR <b>Palmer Funeral Home Lebanon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 23-1957</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item no. 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received 7-29-57

LaCade County Health Unit

File No. 129

Date Filed 7-29-57

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lawson

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.