

# STANDARD CERTIFICATE OF DEATH

State File No. **35380**

FILED NOV 12 1957

BIRTH NO. <b>9</b>		REG. DIST. NO. <b>118</b>		PRIMARY REG. DIST. NO. <b>4190</b>		Registrar's No. <b>34</b>	
1. PLACE OF DEATH a. COUNTY <b>DASCONADE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DASCONADE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>BLAND</b>		c. LENGTH OF STAY (in this place) <b>17 yrs</b>		c. CITY OR TOWN <b>BLAND</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT home</b>				e. STREET ADDRESS (If rural, give location) <b>0370</b>			
3. NAME OF DECEASED (Type or Print) <b>Theresa</b>		b. (Middle) <b>Margaret</b>		c. (Last) <b>Winsel</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 1-1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 6-1869</b>	
9. AGE (in years last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Nowack</b>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>Edward Winsel (deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alvie Winsel - Bland-Mo</b>			
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) <b>Medullary Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Carcinomatosis 24 hrs</b> DUE TO (c) <b>CARCINOMA OF STOMACH 3 yrs</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Advanced Age</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> 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) <b>BLAND MO</b>			
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 <b>5-5</b> , 1956, to <b>11-1</b> , 1957, that I last saw the deceased alive on <b>11-1</b> , 1957, and that death occurred at <b>11:52</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wm. Fredrick Do.</b>				23b. ADDRESS <b>BLAND, MO</b>		23c. DATE SIGNED <b>11-2-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 3-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Howard Cemetery</b>		24d. LOCATION (City, town, County) (State) <b>BLAND R.F.D. Dasc. County MO</b>	
DATE REC'D BY LOCAL REG. <b>Nov 5, 1957</b>		REGISTRAR'S SIGNATURE <b>Mrs. Mawren Jappney</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. Sasser Bland - Mo</b>			

(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

*Charles S. Sasmann*

Licensed Embalmer No. *4128*

P. O. Address *Bland - 1*

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.