

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45302

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEDALIA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>LA MONTE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BOTHWELL HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. #1</u>	
Length of stay in 1b <u>24 HOURS</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>FORREST WADE WINSTON</u> First Middle Last			4. DATE OF DEATH <u>DEC. 23, 1957</u> Month Day Year		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 26, 1881</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>PETTIS COUNTY, MO</u>	
13. FATHER'S NAME <u>WILLIAM W. WINSTON</u>			14. MOTHER'S MAIDEN NAME <u>MARGARET WADE</u>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>489-24-5291</u>	17. INFORMANT <u>Mrs. Bertha Winston, La Monte, Mo</u> Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Intestinal Obstruction</u> DUE TO (c) <u>Mitastatic Carcinoma of Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>72 hours</u> <u>4 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		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 WORK <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 12-22-57 to 12-23-57 and last saw her alive on 12-23-57  
Death occurred at 7:05 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Charles Shelby MD</u>	22b. ADDRESS <u>Sweet Springs</u>	22c. DATE SIGNED <u>12-23-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-26-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>PETTIS COUNTY, MO</u>
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24. FUNERAL DIRECTOR <u>L. Parker, Sweet Springs, Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-26-57</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 13 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 *L. F. Parker*.....

Licensed Embalmer No. *389*

P. O. Address *Sweet Springs*

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.