

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017616
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 4129 Registrar's No. 38

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1. PLACE OF DEATH a. COUNTY <u>CLRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOSBY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>HARDIN</u> 0898 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME OF DAUGHTER</u>		Length of stay in lb <u>2 months</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LAURA Middle ANNA Last WINCH

4. DATE OF DEATH Month April Day 30 Year 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH JULY 14, 1884 9. AGE (In years last birthday) 73 10. UNDER 1 YEAR Months Days Hours Min. 11. UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) RAY COUNTY, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ALFRED NELSON 13b. MOTHER'S MAIDEN NAME SERELDA McCLUNG 14. NAME OF HUSBAND OR WIFE HOMER WINCH

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. _____ 17. INFORMANT HOMER WINCH Address HARDIN, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Valvular heart disease & decompensation
DUE TO (b) Arteriosclerosis
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
INTERVAL BETWEEN ONSET AND DEATH _____

20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Apr '56 to 30 Apr '58 and last saw ^{her} _{him} alive on 28 Apr 58
Death occurred at 6:30 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George E. Anderson M.D. 22b. ADDRESS Excelsior Springs, Mo. 22c. DATE SIGNED 5-2-58

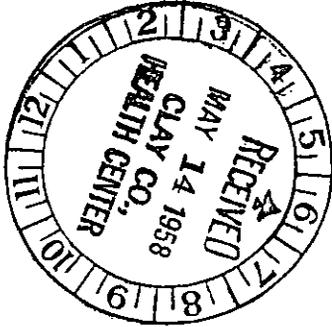
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried 23b. DATE 5-2-58 23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEM. 23d. LOCATION (City, town, or county) (State) RAY COUNTY Mo.

24. FUNERAL DIRECTOR KWIPSCHILD & Borchering ADDRESS HARDIN, Mo. 25. DATE RECD. BY LOCAL REG. 5/5/58 26. REGISTRAR'S SIGNATURE Caroline Hutchings

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *August Borchering*

Licensed Embalmer No. *4678*

P. O. Address *Hardin Mo.*

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.