

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022483
STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 124

5. 300
1-57
1

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MONTGOMERY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TROY		c. CITY OR TOWN JONESBURG	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	
d. STREET ADDRESS 6700		(If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last THEODORE E. WINTER			4. DATE OF DEATH Month Day Year May 31 58		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-6-85	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months Days Hours	11. IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	---	-----------------------------------	--	---------------------------------------	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) TRUXTON MO 0	12. CITIZEN OF WHAT COUNTRY? U.S.A
--	-----------------------------------	---	--

13a. FATHER'S NAME FRED WINTER	13b. MOTHER'S MAIDEN NAME FALMEIER LENG	14. NAME OF HUSBAND OR WIFE A
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 49940-0649	17. INFORMANT Calvin Winter	Address Jonesburg 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) Medullary Myeloma		INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Coronary Occlusion	
	DUE TO (c) Arteriosclerosis 4201	
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 <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 **5/30/58** to **5/31/58** and last saw her alive on **5/31/58**
Death occurred at **4:30 pm** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Samuel DeFut	22b. ADDRESS Troy, Mo	22c. DATE SIGNED 5/31/58
---	---------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 3-58	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	23d. LOCATION (City, town, or county) (State) Truxton Mo
---	-------------------------------	--	--

24. FUNERAL DIRECTOR Paul A. Harding	ADDRESS Jonesburg Mo	25. DATE RECD. BY LOCAL REG. June 9-1958	26. REGISTRAR'S SIGNATURE Charlotte Leek Deputy
--	--------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

50

JUN 20 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 *Carl A. Harding*

Licensed Embalmer No. *4115*
P. O. Address *Jonesburg, 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.