

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028482

STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 53 Primary Registration District No. 5186 Registrar's No. 437

S. 300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Randol Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Oriole Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 46yrs	d. STREET ADDRESS R#1 Cape Girardeau
3. NAME OF DECEASED (Type or print) First Middle Last Lester Eugene Windeknecht			4. DATE OF DEATH Month Day Year Aug, 10, 1958
5. SEX Male O	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July, 5, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY General	9. AGE (In years last birthday) 46
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Oriole Mo O
13a. FATHER'S NAME Frank Windeknecht		13b. MOTHER'S MAIDEN NAME Missouri Mae O Guing	12. CITIZEN OF WHAT COUNTRY? U.S.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.	17. INFORMANT Address Frank Windeknecht Cape Girardeau 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) DROWNING -			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PSYCHO NEUROSIS -			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 975X		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> 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 _____, to _____ and last saw her alive on _____ Death occurred at 1:AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. E. Schneider D.D. 3		22b. ADDRESS Cape Girardeau, Mo	
22c. DATE SIGNED 8/11/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/12/58	23c. NAME OF CEMETERY OR CREMATORY Iona Cemt	23d. LOCATION (City, town, of county) (State) Oriole Mo
24. FUNERAL DIRECTOR L.L. Haman Cape Girardeau Mo		25. DATE RECD. BY LOCAL REG. Sept 5, 1958	26. REGISTRAR'S SIGNATURE Mr. James Cooper

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 *A. J. Haman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.