

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033541  
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ELDON</u> <u>6610</u> 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>538-E-4<sup>th</sup></u>		Length of stay in 1b <u>154MS</u>	d. STREET ADDRESS (If outside, give location) <u>538-E-4<sup>th</sup></u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Leta- Josephene- Winters</u>			4. DATE OF DEATH Month Day Year <u>Aug- 28 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4 April - 1899</u>	9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (City and state or county) <u>Miller-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Thomas-Buster-</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda-Rush</u>		14. NAME OF HUSBAND OR WIFE <u>Wesley-Winters</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Alpha-Rush- St-Louis-Mo</u>	

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>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>vascular changes.</u>			
DUE TO (c) <u>Hypertension e arteriosclerosis</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.) <u>None</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>None</u>					

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.) <u>None</u>	20f. CITY, TOWN, OR LOCATION <u>None</u>	COUNTY	STATE
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21. I attended the deceased from 1950 to Aug 28 '58 last saw <sup>her</sup> ~~him~~ alive on Aug 27 1958  
Death occurred at 1 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>G.O. Shelton M.D.</u> (Degree or title)	22b. ADDRESS <u>ELDON Mo</u>	22c. DATE SIGNED <u>29 Aug 58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>31 Aug 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>J.M. HENRY</u>	23d. LOCATION (City, town, or county) (State) <u>Miller-Co Mo</u>
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24. FUNERAL DIRECTOR <u>Kath McKay</u>	ADDRESS <u>ELDON-Mo - Aug 29, 58</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Oliveretta Walt</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part 1 must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

RECEIVED

SEP 17 '58

Miller County  
Health Department

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 *Keith M. Kaye* .....

Licensed Embalmer No. *399* .....

P. O. Address *Eldon 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.