

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033735

STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 363

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 ☒ No ☐	c. CITY OR TOWN <u>LA MONTE</u> Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BATHWELL</u>		Length of stay in 1b <u>1 DAY</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 2</u> Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last <u>BERTHA PARKS WINSTON</u>			4. DATE OF DEATH Month Day Year <u>9-16-1958</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>12-20-1884</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>DUNKSBURG MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>HENRY PARKS</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN SWOPE</u>	14. NAME OF HUSBAND OR WIFE <u>FORREST WINSTON</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>RUTH DIRCK - KNOBNOSTER 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>Myocardial Infarction</u> DUE TO (b) <u>Generalized Circumcision</u> DUE TO (c) <u>Adenocarcinoma of the Uterus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> <u>4 years</u> <u>16 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>194X</u>		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 a.m. Month, Day, Year 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 <u>LA MONTE</u>	COUNTY <u>MO</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>Oct 1955</u> to <u>Sept 1958</u> and last saw her alive <u>Sept 16, 1958</u> Death occurred at <u>6:55</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Deceased or proxy) <u>Charles D. Shely M.D.</u>	22b. ADDRESS <u>Shelby Springs Mo</u>	22c. DATE SIGNED <u>9-17-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEMETERY</u>	23d. LOCATION (City, town, or county) <u>LA MONTE</u>	(State) <u>MO</u>
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24. FUNERAL DIRECTOR <u>Paul M. Moore - La Monte Mo</u>	ADDRESS <u>La Monte Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-18-1958</u>	26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 8 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 Paul M. Moore

Licensed Embalmer No. 3923
P. O. Address La Monte 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.