

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039178
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 496

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Randol Twp.		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #1		d. STREET ADDRESS (If outside, give location) R.F.D. #1	

3. NAME OF DECEASED (Type or print) First Middle Last Frank Windeknecht Sr.			4. DATE OF DEATH Month Day Year October 14, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 23, 1867	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Egypt Mills, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Phillip Windeknecht	13b. MOTHER'S MAIDEN NAME Louise Lang	14. NAME OF HUSBAND OR WIFE Missouri O'Guinn	

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. None	17. INFORMANT Frank Windeknecht Jr.	Address Cape Girardeau, Mo.
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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) Coronary heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) Complication and senility			INTERVAL BETWEEN ONSET AND DEATH one year
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.) 4201
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 checked="" 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 1950 to October 14, 1958 Death occurred at 8:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.		21. I saw her/him alive on Oct. 12, 1958

22a. SIGNATURE (Degree or title) <i>O. J. Miller M.D.</i>	22b. ADDRESS <i>Big Bend & Republic Road</i>	22c. DATE SIGNED Oct 15, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-16-58	23c. NAME OF CEMETERY OR CREMATORY Iona Cemetery
23d. LOCATION (City, town, or county) Oriole, Cape Girardeau, Mo.		(State)

24. FUNERAL DIRECTOR L.L. Haman Cape Girardeau Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov 12, 1958	26. REGISTRAR'S SIGNATURE <i>Mr. Homer Cooper</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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. Human*

Licensed Embalmer No. 2863.....

P. O. Address Cape Girardeau M

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.