

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031628

FILED VS. SEP 25 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 428

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 4 wks.	c. CITY OR TOWN Bell City,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Route # 1,		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) LAURA First ELLEN Middle WINEMILLER Last			4. DATE OF DEATH Sept. 5, 1959 Month Day Year		
5. SEX F.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-14-86	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 6 Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Advance, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jack Delay		13b. MOTHER'S MAIDEN NAME Polly Ann Bollinger		14. NAME OF HUSBAND OR WIFE Fred Winemiller	
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 Address Fred Winemiller, Bell City, Mo. R.#1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thromboses Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) ? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH 4 weeks ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 WORK <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 28 Aug 59 to 5 Sept 59 and last saw her 5 Sept 1959 live on 5 Sept 1959 . Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title) M.D.			22b. ADDRESS 321 Oak Poplar Bluff Mo		22c. DATE SIGNED 10/29
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 7-59	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill cem.		23d. LOCATION (City, town, or county) (State) Stoddard co. Missouri	
24. FUNERAL DIRECTOR CHILES UND. CO., Bloomfield, Mo.		25. DATE RECD. BY LOCAL REG. 9/15/59		26. REG'S. RAR'S SIGNATURE [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

& by Lulu Cooper #3499, ~~Student Embalmer~~ No. _____

~~working under my personal supervision.~~

Student _____

Signature of Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.