

# FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59 0 4 3 3 0 9

FILED VS JAN - 6 1960

ENDED

Registration District No. 032

Primary Registration District No.

Registrar's No. 1

STATE FILE NUMBER

|                                                                                                                                                                                                                                                                 |  |                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>BOLLINGER</u>                                                                                                                                                                                                          |  |                                                                                                                          |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>                                                                                                                                                                                          |  |                                                                                                                         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>LUTESVILLE</u>                                                                                                                                                                                  |  | Length of stay in 1b<br><u>LIFETIME</u>                                                                                  |  | c. CITY OR TOWN <u>LUTESVILLE</u>                                                                                                                                                                                                                                                                                                       |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>RESIDENCE</u>                                                                                                                                                                 |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |  | d. STREET ADDRESS (If outside, give location)<br><u>NONE</u>                                                                                                                                                                                                                                                                            |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                              |  |
| <b>3. NAME OF DECEASED</b> (Type or print)<br>First <u>MELBURN</u> Middle <u>FRANKLIN</u> Last <u>WINTERS</u>                                                                                                                                                   |  |                                                                                                                          |  | <b>4. DATE OF DEATH</b><br>Month <u>12</u> Day <u>24</u> Year <u>1959</u>                                                                                                                                                                                                                                                               |  |                                                                                                                         |  |
| 5. SEX <u>M</u>                                                                                                                                                                                                                                                 |  | 6. COLOR OR RACE <u>W</u>                                                                                                |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                                                                                                                                                                             |  | 8. DATE OF BIRTH <u>5-30-1887</u>                                                                                       |  |
| 9. AGE (last birthday) <u>72</u>                                                                                                                                                                                                                                |  | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>24</u>                                                                        |  | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u>                                                                                                                                                                                                                                                                                        |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>RETIRED CARPENTER</u> |  |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><u>BLDG. CONSTRUCTION</u>                                                                                                                                                                                                  |  | 11. BIRTHPLACE (City and state or country)<br><u>BOLLINGER Co. Mo.</u>                                                   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                                                                                                                                                                                                                                                                                            |  | 13a. FATHER'S NAME<br><u>PETER WINTERS</u>                                                                              |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>MARY RHODES</u>                                                                                                                                                                                                                 |  | 14. NAME OF HUSBAND OR WIFE<br><u>LOVE WINTERS</u>                                                                       |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>                                                                                                                                                                                                                   |  | 16. SOCIAL SECURITY NO.<br><u>495-14-3167</u>                                                                           |  |
| 17. INFORMANT<br><u>LOVE WINTERS</u>                                                                                                                                                                                                                            |  | Address<br><u>LUTESVILLE, Mo.</u>                                                                                        |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Coronary Occlusion</u><br>DUE TO (c) <u>Atherosclerosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Acute</u><br><u>Acute</u><br><u>Chronic</u>                                      |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Reticulum cell Sarcoma (Primary site unknown)</u>                                                                       |  |                                                                                                                          |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                    |  |                                                                                                                         |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                               |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/><br><u>none</u> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                                                                                                                                                                                            |  |                                                                                                                         |  |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m.<br>Month, Day, Year                                                                                                                                                                                   |  | 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 <u>Feb. 1957</u> to <u>Dec. 24, 1959</u> and last saw him alive on <u>Dec. 20, 1959</u><br>Death occurred at <u>4:30 P.M. Dec. 24, 1959</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |                                                                                                                          |  | 22a. SIGNATURE (In free or title)<br><u>Hollis J. Freitas</u>                                                                                                                                                                                                                                                                           |  |                                                                                                                         |  |
| 22b. ADDRESS<br><u>Marble Hill Miss. 39</u>                                                                                                                                                                                                                     |  | 22c. DATE SIGNED<br><u>12-26-59</u>                                                                                      |  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                                                                                                                                                                                                                                                                              |  | 23b. DATE<br><u>12-27-1959</u>                                                                                          |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>GLEN ALLEN CEM.</u>                                                                                                                                                                                                    |  | 23d. LOCATION (City, town, or county)<br><u>GLEN ALLEN</u>                                                               |  | 23e. STATE<br><u>Mo.</u>                                                                                                                                                                                                                                                                                                                |  | 24. FUNERAL DIRECTOR<br><u>BAKER FUNERAL HOME</u>                                                                       |  |
| ADDRESS<br><u>LUTESVILLE, Mo.</u>                                                                                                                                                                                                                               |  | 25. DATE RECD. BY LOCAL REG.<br><u>12-29-59</u>                                                                          |  | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Buford Crader</u>                                                                                                                                                                                                                                                                                  |  | (Licensed Embalmer's Statement on Reverse Side)                                                                         |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 7

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Va.

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.