

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS. JAN 12 1960 290

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Pulaski Co		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		c. CITY OR TOWN Waynesville, Mo.	
Length of stay in 1b 2 mos.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville, Mo.		d. STREET ADDRESS (If outside, give location) None.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Karen Middle Jean Last Winters.		4. DATE OF DEATH Month December Day 23 Year 1959	
5. SEX Female	6. COLOR OR RACE White.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/13/59
9. AGE (last birthday) 3 mos.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) Waynesville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME James Allen Winters.		13b. MOTHER'S MAIDEN NAME Linda. R. Bender.		14. NAME OF HUSBAND OR WIFE None.	
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. -----		17. INFORMANT James A. Winters	
Address Waynesville, Mo					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Electrolyte Imbalance</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Dehydration - diarrhea</i>			
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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 a.m. p.m. 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 on Dec. 23, 1959 to _____ and last saw her alive on _____ Death occurred at 1:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>B. J. Mulglo</i> County Coroner.		22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 12/29/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/29/59		23c. NAME OF CEMETERY OR CREMATORY Post Cemetery.	
23d. LOCATION (City, town, or county) Ft. Leonard Wood, Mo		(State)			
24. FUNERAL HOME OR ADDRESS Hedges Funeral Home Way, Mo.		25. DATE RECD. BY LOCAL REG. 12-29-59		26. REGISTRAR'S SIGNATURE <i>Paula Mae Anderson</i>	

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Clarence Shrogs

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.