

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 6 1960

-60-024124
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4421 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Pulaski				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 Dixon		Length of stay in 1b		c. CITY OR TOWN Dixon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Thekla Beatrice Winningham				4. DATE OF DEATH Month 6 Day 19 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/22/1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Darrouzett, Texas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Hans VonTottleben		13b. MOTHER'S MAIDEN NAME Cornelia Strauss		14. NAME OF HUSBAND OR WIFE Guy Winningham			
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 Mr. Guy Winningham, Dixon, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS, L. MIDDLE CEREBRAL ART. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) CEREBRAL ARTERIOSCLEROSIS DUE TO (c) GENERALIZED ARTERIOSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ATHEROSCLEROTIC ABDOMINAL ANEURYSM						INTERVAL BETWEEN ONSET AND DEATH HOURS 1 YEARS	
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"/> NONE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE			
20c. TIME OF INJURY Hour a.m. p.m. NONE		Month, Day, Year NONE					
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 JUNE 16, 1960 to JUNE 19, 1960 and last saw her alive on JUNE 19, 1960 Death occurred at 12:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE William V. Kelly M.D.				22b. ADDRESS Box 306 Dixon, Mo.		22c. DATE SIGNED 20 June 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/21/1960		23c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery		23d. LOCATION (City, town, or county) (State) Dixon, Missouri	
24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc., Dixon, Mo.		ADDRESS 6-21-60		25. DATE RECD. BY LOCAL REG. 6-21-60		26. REGISTRAR'S SIGNATURE Paula Gray Anderson	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maurice E. Schuster

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.