SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-013131
STATE FILE NUMBER

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 49

FILED APR 17 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY: COOPER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: BOONE

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BOONVILLE
Length of stay in 1b: 3 MO.

c. CITY OR TOWN: HALLSVILLE
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST Joseph Hosp
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): —
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDWARD Middle R. Last WINDSOR

4. DATE OF DEATH: Month APR. Day 9 Year 1961

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10/21/84

9. AGE (last birthday): 76

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (City and state or country): BOONE County Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: E. O. WINSOR

13b. MOTHER'S MAIDEN NAME: MARY J GREGORY

14. NAME OF HUSBAND OR WIFE: DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: YES

17. INFORMANT: MRS O.L. HULEN Address: COLUMBIA Mo

INSTEAD OF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1-2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach — over 3 months

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 2-1-61, to 4-9-61 and last saw ~~her~~ him alive on 4-9-61
Death occurred at 9 55 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. M. Stuart, M.D.

22b. ADDRESS: 329 Main St. Boonville Mo

22c. DATE SIGNED: 4-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 4-11-61

23c. NAME OF CEMETERY OR CREMATORY: MEM. PARK

23d. LOCATION (City, town, or county) (State): COLUMBIA, Mo

24. FUNERAL DIRECTOR ADDRESS: MEMORIAL FUNERAL HOME - Columbia Mo.

25. DATE RECD. BY LOCAL REG.: 4-10-61

26. REGISTRAR'S SIGNATURE: B.B. Hooper

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 Berry W. Hacker

Licensed Embalmer No. 3944

P. O. Address Bonneville

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.