MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-026517
STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 238

FILED JUN 28 1961

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Esther — Length of stay in 1b: 17 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Esther — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 601 Missouri — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Daisy Middle: Florence Last: Winch
4. DATE OF DEATH: Month: June Day: 20th. Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Oct. 5, 1910
9. AGE (last birthday): 50
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Rivermines, Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Nick Mason
13b. MOTHER'S MAIDEN NAME: Katie Cain
14. NAME OF HUSBAND [redacted]E: Joseph Winch
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.: None
17. INFORMANT: Joseph Winch Address: Esther, Missouri

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): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus, Bronchial Asthma
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] [X]
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 1957 to June 20, 1961 and last saw her alive on June 19, 1961
Death occurred at: 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: J. L. Foster (Degree or title): MD
22b. ADDRESS: Desloge Mo
22c. DATE SIGNED: 6-21-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/22/1961
23c. NAME OF CEMETERY OR CREMATORY: Herod Cemetery
23d. LOCATION (City, town, or county) (State): St. Francois Co. Mo
24. FUNERAL DIRECTOR ADDRESS: C.Z.Boyer & Son, Inc. Desloge, Mo
25. DATE RECD. BY LOCAL REG.: June 21, 1961
26. REGISTRAR'S SIGNATURE: Esther Roedloff
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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_____ ~~Signed~~ B. T. Boyer
Signature of Student Embalmer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.