

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047742

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 34

FILED FEB 2 1962

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Laclede</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Laclede</b>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Lebanon</b>  |   | Length of stay in 1b<br><b>5 days</b>   | c. CITY OR TOWN <b>Lebanon</b><br>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<br><b>Louise G. Wallace Hosp.</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>747 S. Adams</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>       |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Alfred</b> Middle <b>Newton</b> Last <b>Winter</b>   |   |   | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>31</b> Year <b>1961</b>  |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-31-82</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>machinest (retired)</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>machinest</b>   | 9. AGE (last birthday)<br><b>79</b><br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |
| 11. BIRTHPLACE (City and state or country)<br><b>Lamar, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>William Winter</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Christina Neas</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Gertrude Winter</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>   |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>Mrs. Gertrude Winter, Lebanon, Mo.</b><br>Address <b>747 S. Adams</b>   |
| 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) <b>Recurrent cancer colon</b><br>DUE TO (b) <b>old cancer of colon &amp; colostomy</b><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 yrs.</b><br><b>8 yrs</b>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT SUICIDE HOMICIDE<br><input checked="" type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year<br>p.m.  |   |   |   |
| 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 <b>9/5/52</b> to <b>12/31/61</b> and last saw him alive on <b>12/31/61</b><br>Death occurred at <b>8:50 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>George E. Disher M.D.</b>   |   | 22b. ADDRESS<br><b>Lebanon, Mo</b>  | 22c. DATE SIGNED<br><b>1/30/62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 23b. DATE<br><b>1-2-62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hough Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Laclede County, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>J. J. Shadel</b>  |   | ADDRESS<br><b>Lebanon, Mo.</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>1-30-1962</b>  |
| 26. REGISTRAR'S SIGNATURE<br><b>Hella L. Gray</b>  |   |   |   |

VS FEB 2 1982

**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 \_\_\_\_\_  
*Bruce M. Ab...*

Licensed Embalmer No. 5115

P. O. Address Springfield

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.