MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-017669

Registration District No. 322 Primary Registration District No. 3621 Registrar's No. 11

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 14 1962

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater — Length of stay in 1b: 36 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 605 N. Emmerson — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Slater — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 605 N. Emmerson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: RUSSELL Middle: (None) Last: WINDMILLER, SR.

4. DATE OF DEATH Month, Day, Year: May 8, 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/14/1891
9. AGE (last birthday): 71 — 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): Railroad Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Pleasant Hill, Ill.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Gainey F. Windmiller
13b. MOTHER'S MAIDEN NAME: Margaret A. Bray
14. NAME OF HUSBAND OR WIFE: Florence Windmiller

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.: DK
17. INFORMANT: Bonnie Johnson, Slater, Mo.

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) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chr. myocarditis — Years
DUE TO (c) Chr. endocarditis — Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis
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 Dec. 1946 to May 8, 1962 and last saw him alive on April 15, 1962
Death occurred at 4:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. A. McBurney (Degree or title) M.D.
22b. ADDRESS Slater, Mo.
22c. DATE SIGNED 5/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/11/1962
23c. NAME OF CEMETERY OR CREMATORY: Crescent Heights
23d. LOCATION (City, town, or county) (State): Pleasant Hill, Illinois

24. FUNERAL DIRECTOR ADDRESS: Haines Funeral Home, Slater, Mo.
25. DATE RECD. BY LOCAL REG.: 5-10-62
26. REGISTRAR'S SIGNATURE: Theo. Raymond Brame

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1962

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.