

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026289  
STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 4071 Registrar's No. 37

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 16 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Camden</u>		a. STATE <u>Mo</u>	b. COUNTY <u>Camden</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camden</u>		c. CITY OR TOWN <u>Camden</u>	
Length of stay in 1b <u>9 mon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 54 West</u>		d. STREET ADDRESS (If outside, give location) <u>Highway 54 West</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>Minnie</u> Middle <u>Lorene</u> Last <u>Winget</u>		Month <u>July</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 6, 1881</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months <u>3</u> Days <u>3</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>John Cole</u>	
13b. MOTHER'S MAIDEN NAME <u>Maudie</u>		14. NAME OF HUSBAND OR WIFE <u>William O. Winget</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>G. W. Gilliland, Camden Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Suffocation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
DUE TO (b) <u>Pulmonary edema</u>		<u>2 Days</u>	
DUE TO (c) <u>Congestive heart failure</u>		<u>2 Days.</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		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 <u>July 6, 1962</u> to <u>July 9, 1962</u> and last saw her/him alive on <u>July 9, 1962</u>			
Death occurred at <u>July 9, 11:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenneth E. Witekem D.O.</u>		22b. ADDRESS <u>Camden, Mo</u>	
22c. DATE SIGNED <u>July 11, 1962</u>		22d. LOCATION (City, town, or county) (State) <u>Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 11, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blair Memorial Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Camden</u>		23e. REGISTRAR'S SIGNATURE <u>Zilpha J. Drow</u>	
24. FUNERAL DIRECTOR <u>Robert H. Reed, Camden Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 11-1962</u>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.