

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8174

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2

BIRTH NO. 49-114003 REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 3023 Registrar's No. 72

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (In this place) <u>3 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wich, Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u> | | d. STREET ADDRESS (If rural, give location) | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Serry</u> b. (Middle) <u>bee</u> c. (Last) <u>Windsor</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>mar 14 - 49</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | |
| 8. DATE OF BIRTH <u>March 11, 1949</u> | | 9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR Months Days | | IF UNDER 1 HR. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Floyd Windsor</u> | | 13b. MOTHER'S MAIDEN NAME <u>Allie Marie Scrantom</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Windsor Wich Mo</u> | |

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|---|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital defect of</u> <u>Bilney Postage of</u> ANTECEDENT CAUSES <u>line</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <u>Label pneumonia - Hypostatic</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ILDRX</u> | | | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from mar 11, 1949, to mar 14, 1949, that I last saw the deceased alive on mar 14, 1949, and that death occurred at 10:31 Am., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Quaid Wetzel DO - 2</u> | | 23b. ADDRESS <u>Clinton Mo.</u> | | 23c. DATE SIGNED <u>Mar 10 - 49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>mar 15 - 49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>URICH CEMETERY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Wich. Henry. MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u> | | ADDRESS <u>Wich Mo</u> | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Mar 15 49</u> <u>Florence Adair</u> | | 422 | | | |

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 2-49-268

Date Filed 3-21-49

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 _____
Student Embalmer

Signed R. P. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton Mo

not embalmed

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 this body is not embalmed, fact should be so stated above.