

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Rural Leesville	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) RR#3	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clinton Convalescent Home			

3. NAME OF DECEASED (Type or Print) a. (First) Amelia b. (Middle) Ann c. (Last) Van Winkle			4. DATE OF DEATH August 12 1954 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 12, 1880		9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Henry Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William A. Lawler	
13b. MOTHER'S MAIDEN NAME Mary Richey		14. NAME OF HUSBAND OR WIFE Andrew Van Winkle		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Margaret McMillen		ADDRESS Clinton, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer in stomach</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14 mo</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>			

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) (Min)		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 Jan 1, 1954, to 8-12, 1954, that I last saw the deceased alive on 8-12, 1954, and that death occurred at 6:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Florence Adams</u> M.D.		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>8-13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>Aug. 14, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinton, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>Aug-14-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinton, Missouri</u>	
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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

*Eugene R. Consalvo*

Licensed Embalmer No. 4680

P. O. Address. Clinton, 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 this body is not embalmed, fact should be so stated above.