

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0015455

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 122

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10421
20421

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DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

| | | | | | | | |
|--|--|---|---|--|---|--|--|
| FILED MAY 9 1966 | | | | | | | |
| <p>1. PLACE OF DEATH a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u> Length of stay in lb <u>1 2/3 Mo's</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pesthaven, Inc.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Windsor, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>706 S. Tebo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> | | | | | | |
| <p>3. NAME OF DECEASED (Type or print) First <u>Allen</u> Middle <u>Streeter</u> Last <u>Dnwiler</u></p> | | | | | | | |
| <p>4. DATE OF DEATH Month <u>April</u> Day <u>29</u> Year <u>1966</u></p> | | | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-11-1889</u> | 9. AGE (last birthday) <u>77</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe factory worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Henry County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Joseph Dnwiler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Farmer</u> | | 13c. NAME OF HUSBAND OR WIFE <u>Mary Frances Dnwiler</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>492-18-2185</u> | | 17. INFORMANT <u>Glen Dnwiler, Windsor, Mo.</u> Address | | | |
| 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>Cerebral Vascular Thrombosis</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 2/3 mos</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | DUE TO (b) _____ | |
| DUE TO (c) _____ | | | | | | | |
| 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 type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | 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>3-9-66</u> , to <u>4-29-66</u> and last saw ^{her} _{him} alive on <u>4-29-66</u> Death occurred at <u>9:15 p.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>[Signature]</u> | | | | 22b. ADDRESS <u>Windsor Mo</u> | | 22c. DATE SIGNED <u>4-30-66</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>May 1, 1966</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Calhoun, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Clifford Gouge, Windsor, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>May 5, 1966</u> | | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</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 Clifford Youge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.