

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12433**

BIRTH NO. _____		REG. DIST. NO. 57		PRIMARY REG. DIST. NO. 5204		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bosworth rural Rockford all. twship		c. LENGTH OF STAY (In this place) #		c. CITY OR TOWN Bosworth, R. 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 170	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS _____		(If rural, give location) Rockford Township	
3. NAME OF DECEASED (Type or Print)		a. (First) AMANDA		b. (Middle) W.		c. (Last) WINFREY	
4. DATE OF DEATH (Month) (Day) (Year) April 15 - 1957		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Dec. 19 - 1891		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 3 Days 26		IF UNDER 14 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and State or Foreign Country) Bosworth, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Louis Sturgeon		13b. MOTHER'S MAIDEN NAME Anne Truck		14. NAME OF HUSBAND OR WIFE deceased			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-40-6977		17. INFORMANT'S SIGNATURE OR NAME F. B. Winfrey			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma in colon ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Colon trouble last 5 years DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153x				20. AUTOPSY? <input checked="" type="checkbox"/> 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) (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 July 2, 1955 , to April 12, 1957 , that I last saw the deceased alive on April 12, 1957 , and that death occurred at 2 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE L. E. Fisher (Degree or title) D.O.				23b. ADDRESS Bosworth, Mo.		23c. DATE SIGNED April 16, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Apr. 17 - 1957		24c. NAME OF CEMETERY OR CREMATORY Winfrey Cemetery		24d. LOCATION (City, town, or county) (State) Bosworth Missouri	
DATE REC'D BY LOCAL REG. April 23 - 1957		REGISTRAR'S SIGNATURE Clara Koch		25. FUNERAL DIRECTOR'S SIGNATURE Lipscomb Edwards		ADDRESS Bosworth, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

47-8 April 23 - 1957

JUN 18 1958

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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Barnstable, Mass.

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.