

STANDARD CERTIFICATE OF DEATH

20960

State File No.

JUL 6 - 1953

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|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>57</u> | | PRIMARY REG. DIST. NO. <u>5201</u> | | Registrar's No. <u>31</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural DeWitt</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural DeWitt</u> | | d. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Charles</u> | | b. (Middle) _____ | | c. (Last) <u>Winfrey</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1953</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Feb 23 1865</u> | | 9. AGE (In years last birthday) <u>88</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Charles Winfree</u> | | 13b. MOTHER'S MAIDEN NAME <u>Luvana Gatlin</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henrietta Winfree</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Albert Winfree</u> | | ADDRESS <u>Notborn, Mo</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> 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 <u>1 day</u> <u>terminal</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | |
| 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 <u>June 28, 1953</u> , to <u>June 29, 1953</u> , that I last saw the deceased alive on <u>June 29, 1953</u> , and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J.P. Forster</u> (Degree or title) <u>D.O.</u> | | | | 23b. ADDRESS <u>Brunswick, Missouri</u> | | 23c. DATE SIGNED <u>6/30/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 1, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u> | | 24d. LOCATION (City, town, or county) (State) <u>DeWitt Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>July 1-1953</u> | | REGISTRAR'S SIGNATURE <u>Pearl Koch</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer Funeral Home, Brunswick</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 S. L. Shepard

Licensed Embalmer No. 3970

P. O. Address Wendover

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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