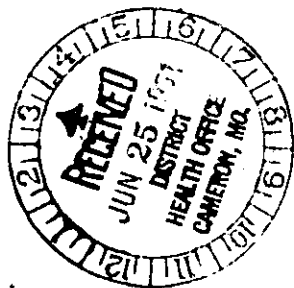


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19636**

FILED JUL 6 - 1951

BIRTH NO.		REG. DIST. NO. 51		PRIMARY REG. DIST. NO. 3011		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission). a. STATE Missouri b. COUNTY Carroll			
b. CITY OR TOWN Carrollton		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Carrollton		d. STREET ADDRESS (If rural, give location) 413 Santa Fe	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bales Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) FLORENCE c. (Last) WINFREY				4. DATE OF DEATH (Month) June (Day) 19 (Year) 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 8, 1981	
9. AGE (In years last birthday) 70		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Carroll Co. Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Meier		13b. MOTHER'S MAIDEN NAME Loretta Page		14. NAME OF HUSBAND OR WIFE W.F. Winfrey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME W.F. Winfrey		ADDRESS Carrollton 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES arteriosclerosis DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 6 hrs 6 hrs			
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 May 1 , 19 51 , to June 19 , 19 51 , that I last saw the deceased alive on June 19 , 19 51 , and that death occurred at 6:20 p.m. from the causes and on the date stated above.							
23a. SIGNATURE Eugene L. Reed (Degree or title)				23b. ADDRESS Carrollton Mo		23c. DATE SIGNED 6-20-51	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE June 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Carrollton Mo	
DATE REC'D BY LOCAL REG. 6/21/51		REGISTRAR'S SIGNATURE Mr. Herbert C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Stanley D. Gibson		ADDRESS Carrollton Mo	

(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

Ben W. Gibson

Licensed Embalmer No. *2961*

P. O. Address

Carrollton, Pa.

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.