

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32274
Registrar's No. 91

Registration District No. 5

Primary Registration District No. 5798

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town First Shotter Farm
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days Lifetime

3. (a) PRINT FULL NAME REUBEN V. WINFREY

3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex M. O. 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Francis Chandler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 26 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 14 hr. _____ min.

9. Birthplace Carroll Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business:

12. Name James Winfrey
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Rife
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant B. H. Winfrey
(b) Address Bosworth Mo.

17. (a) Burial (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Charles F. Gibson
(b) Address Carrollton Mo.

19. (a) 10/14/48 (b) Mr. Neshert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mi. W. of Carrollton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 P.
year 1948 hour 8 minute 00 M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature Charles R. Rest (M.D. or other) Carroll
Address Carrollton, Mo. Date signed 10/14/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-1-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Ben W. Gibson

Licensed Embalmer No.

2961

P. O. Address

Carrollton 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.