REC'D FEB 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2815
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette
(b) Township Dover
(c) City Corder
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 460
Primary Registration District No. 4272
Registered No. 6

2. PRINT FULL NAME Phebe Loraney Winfrey-
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C. J. Winfrey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 7 1865
7. AGE: YEARS 73 MONTHS 5 DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minnesota

FATHER
13. NAME: John Cowles - ~~Fairfield~~
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Minn.~~ Vermont

MOTHER
15. MAIDEN NAME: Angeline Walters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bath 2 Stuben County. N.Y.

17. INFORMANT (ADDRESS): Bert Winfrey Corder Mo. WHA.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Corder Mo. DATE Jan- 19-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hoefer Mineershagen Higginsville. Mo. WHA
20. FILED Feb. 1, 1939 Tiffany Webb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan- 17-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1935, to Jan 17, 1939
I last saw her alive on Jan. 17, 1939. Death is said to have occurred on the date stated above, at 6a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
auricular fibrillation	1935
cerebral apoplexy	1-17-39

Other contributory causes of importance: 87 W

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) A.D. Johnston, M. D.
(Address) Corder Mo.

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number 7/6/39
Date Filed

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 Alfred H Haefer

Licensed Embalmer No. 539

P. O. Address Higginsville Mo.

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

If this body is not embalmed, above space should be left blank.