

Registration District No. 617

Primary Registration District No. 4368

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Barnard, Mo.  
(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 23 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Barnard  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1942 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from  
Jan 2, 1935, 1935, to March 27, 1942;  
that I last saw him alive on March 27, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardio-vascular-muscular  
Syndrome Duration 20 yrs.

Due to \_\_\_\_\_  
Due to 13/a

Other conditions hemiplegia 9 yrs  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations not made  
Of autopsy not had  
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 \_\_\_\_\_  
23. Signature Chas D. Barnett (M. D. or other) M.D.  
Address Barnard, Mo. Date signed 3/28/42

3. (a) PRINT FULL NAME Olive Livona Daniels Winemiller

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Winemiller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 23 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rochester Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own home

12. Name John Daniels

13. Birthplace near Springfield, Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Stingley

15. Birthplace near Springfield, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Commons  
(b) Address Barnard, Missouri

17. (a) Sheridan, Mo. (b) Date thereof March 30, 1942  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation burial, at Sheridan, Mo.

18. (a) Signature of funeral director W. Dean Campbell  
(b) Address 951 South Main St. Maryville, Mo.  
19. (a) March 28, 42 (b) A. D. Barnett  
(Date received local registrar) (Registrar's signature)

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

14  
0  
0

1273

**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 W. Sean Campbell

Licensed Embalmer No. 2630

P. O. Address Weymouth, 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, above space should be left blank.**