

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2066

State File No.

Registrar's No.

FILED JAN 20 1943

Primary Registration District No. 4155

1. PLACE OF DEATH

(a) County Dade  
(b) City or town Evston  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade  
(c) City or town Evston  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22  
year 1942 hour 6 minute 45 a.m.

21. I hereby certify that I attended the deceased from July 17 1942 to Dec 22 1942  
that I last saw him alive on Dec 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dehydration of R.V.  
Due to Old age & Heart

Due to High Blood Pressure

Other conditions \_\_\_\_\_  
Major findings: 95c3  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 H. R. Riley (M. D.)  
Address Evston MO Date signed 12/22

3. (a) PRINT FULL NAME Harrison Monroe Winkle  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Mary Burlington 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased November 28 (Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Lawrence County

12. Name Louise Winkle

13. Birthplace Lawrence Missouri (City, town, or county) (State or foreign country)

14. Maiden name Eleanor Wilson

15. Birthplace Lawrence Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. May Winkle

(b) Address Evston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-24-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director John A. Brown

(b) Address Evston Mo

19. (a) 12/22/42 (Date received local registrar) (b) Shyllis Lack (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

29  
0  
0

29

0

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1082

RECEIVED

District Health Officer No. 0

District File Number 143-60

Date Filed JAN 16 1943

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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 *Gene A. Brown*

Licensed Embalmer No. *2664*  
P. O. Address *Valent Linn M*

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.