

FILED JUL 26 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **23428**

Registration District No. **137**

Primary Registration District No. **5513**

Registrar's No. **147**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Coal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at Home Lewisville Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **77 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry** **473**
(c) City or town **Coal, Lewisville Twp**
(If outside city or town limits, write "RURAL")
(d) Street No. **Clinton Mo R.R. #3**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW JACKSON VAN WINKLE

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

4. Sex **male** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Millie Van Winkle** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **July 25 1885**
(Month) (Day) (Year)

8. AGE: Years **80** Months **11** Days **24** If less than one day hr. min.

9. Birthplace **Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **unknown** **9**

13. Birthplace **Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown** **10**

15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Millie Van Winkle**

(b) Address **Clinton Mo R.R. #3**

17. (a) **Burial** (b) Date thereof **7-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cem**

18. (a) Signature of funeral director **Conrad T. Peck**

(b) Address **Clinton Mo**

19. (a) **7-20-46** (b) **A. R. Kenney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
year **1946** hour **4** minute **AM**

21. I hereby certify that I attended the deceased from **Dec 19 44** to **July 18 46**
that I last saw him alive on **July 18 46** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic hypochloric 2 years**

Due to **Developed arteriosclerosis**

Due to _____

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

Major findings: Of operations **934**
Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) **no**

(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 **0**

23. Signature **A. R. Kenney** (M. D. or other) **MD**

Address **Clinton Mo** Date signed **7/20/46**

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

RECEIVED

District Health Officer No. 7;

District No. 6-46-779

Date Filed 7-24-46

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 J. E. Consolev

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.