

FILED SEP 21 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 286

Primary Registration District No. 4424

Registrar's No.

1. PLACE OF DEATH

(a) County Lack
(b) City or town Summersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: George Summitt Memorial Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lack
(c) City or town Fairplay (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles South of Fairplay
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME

Frank Albert Winfield

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1946 hour 11:05 minute _____ M.

21. I hereby certify that I attended the deceased from October 17 1946 to 16 October 1946
that I last saw him alive on 16 October 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis, acute, severe
Due to Arteriosclerosis

Duration
4 days
5 years

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?
(Specify typical place) _____
(e) Means of injury _____

23. Signature John R. Brian (M. D. or other) MD
Address Bolivar, Mo Date signed 17 Oct 1946

5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Sarah Jane Winfield 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Mar. 1, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 15
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Cyrus Winfield

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

14. Maiden name Barbara Dickerson

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

16. (a) Informant Howard Winfield

(b) Address Sumner, Mo.

17. (a) Funeral (b) Date there Oct 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Erwin Blue

(b) Address Bolivar, Mo

19. (a) Oct 18, 1946 (b) Paul Ruckpatrusch
(Date received local registrar) (Registrar's signature)

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

4
0
0
33274

Date Filed ~~10-18-76~~
District No. ~~9-46-1002~~
District
R1

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.

Signature Richard P. Erwin

Licensed Embalmer No. 3092

P. O. Address. Polunna, 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.