No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 3 1948

Registration District No. 1928

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 41439

Registrar's No. 1077

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Days (Specify whether years, months or days)
In this community: 95 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Polk
(c) City or town: Morrisville
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: William Harvey Winton
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sarah Winton
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: October (Month) 16, (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
95	1	25	hr. min.

9. Birthplace: Greene County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Minister
11. Industry or business: Preaching
FATHER
12. Name: George M. Winton
13. Birthplace: Tenn. (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Faulkner
15. Birthplace: Polk County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: JamesF. Winton (son)
(b) Address: Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Morrisville Mo. Cem.
18. (a) Signature of funeral director: J W Klingner & Co.
(b) Address: Springfield Mo.
19. (a) 12-12-47 (Date received local registrar) (b) W E Hawley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11, year 1947 hour 1 minute 40 A. M.
21. I hereby certify that I attended the deceased from Dec 6, 1947, to Dec 11, 1947, that I last saw him alive on Dec 11, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mesenteric Thrombosis	
Due to: Circulatory failure	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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 type of place)
While at work? (Specify) Means of injury:
23. Signature: W D Schiff (M. D. or other)
Address: Springfield Mo. Date signed: Dec 14 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1952

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.