

FILED JAN 26 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 1633

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper MO			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jewell, Mo.		c. LENGTH OF STAY (in this place) 3 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jewell Mo. MINERAL TWP; RR# RURAL 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 Jewell Mo.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) HIRAM JACKSON WINCHESTER			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1 20 49	
5. SEX Male		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 23 1879	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 7		IF UNDER 24 HRS. Hours 28			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Neosho, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James J. Winchester		13b. MOTHER'S MAIDEN NAME Polly Ann May		14. NAME OF HUSBAND OR WIFE Mary Winchester			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Winchester Jewell Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis  DUE TO (c) 2  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Apoplexy 1/2 2				INTERVAL BETWEEN ONSET AND DEATH 15 hrs  5 yrs  16 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jewell Jasper Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-8, 1949, to 1-20, 1949, that I last saw the deceased alive on 1-20, 1949, and that death occurred at 8:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Glenn Q. Doney				23b. ADDRESS Alba - Mo		23c. DATE SIGNED 1-21-49	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 1-23-49		24c. NAME OF CEMETERY OR CREMATORY W.O.F. Neosho		24d. LOCATION (City, town, or county) (State) Neosho, Mo.	
DATE REC'D BY LOCAL REG. JAN 21; 1949		REGISTRAR'S SIGNATURE J. L. Duester		25. FUNERAL DIRECTOR'S SIGNATURE (Address) W. M. Mearns Jewell Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Wm Meme Page*

Licensed Embalmer No. *57427*

P. O. Address

*Wheaton, 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.