

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9577

BIRTH NO. _____		REG. DIST. NO. 293		PRIMARY REG. DIST. NO. 6003		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal		d. STREET ADDRESS (If rural, give location) R R # 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence R R # 4							
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Henrich Ferdinand Winkler							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 30, 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY XX		9. AGE (In years last birthday) 73		11. BIRTHPLACE (State or foreign country) Clark County Missouri	
13a. FATHER'S NAME Winkler		13b. MOTHER'S MAIDEN NAME Condra Sibold		14. NAME OF HUSBAND OR WIFE Luzena Day Winkler		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Henrich Winkler, R R # 4 Hannibal Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS (CHRONIC) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 11222					
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)			
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 2/23 , 1949, to 3/17 , 1949, that I last saw the deceased alive on 3/10 , 1949, and that death occurred at 8:30 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE W F Elley MD				23b. ADDRESS Lamar 700		23c. DATE SIGNED 3/18/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/20/49		24c. NAME OF CEMETERY OR CREMATORY Day		24d. LOCATION (City, town, or county) (State) Clark County Missouri	
DATE REC'D BY LOCAL REG. 3-18-49		REGISTRAR'S SIGNATURE A J Halors		25. FUNERAL DIRECTOR'S SIGNATURE McCracken		ADDRESS Stamwood Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 4-48-5
Date Filed APR 2 - 1948

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.

Signed _____
Student Embalmer

Signed

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.