0.300
0.48*

1910

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

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11818

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: CEDAR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELDORADO SPRINGS
c. LENGTH OF STAY (in this place): 19 1 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHAMBERS NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CEDAR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELDORADO SPRINGS
d. STREET ADDRESS (If rural, give location): 301 E. MARTIN ST.

3. NAME OF DECEASED (Type or Print)
a. (First): IRA
b. (Middle): A
c. (Last): VANWINKLE

4. DATE OF DEATH (Month) (Day) (Year): 4 12 49

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-26-1865
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOMAS VANWINKLE
13b. MOTHER'S MAIDEN NAME: NOTTA FARSER
14. NAME OF HUSBAND OR WIFE: ELLA VANWINKLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ella Vanwinkle — **ADDRESS**: El Dorado Springs

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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4 22 49
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-5, 19 49, *to* 4-12, 19 49, *that I last saw the deceased alive on* 4-12, 19 49, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Kimlerwirth (Degree or title) D.O.
23b. ADDRESS: El Dorado Spgs. Mo
23c. DATE SIGNED: 4-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-14-49
24c. NAME OF CEMETERY OR CREMATORY: El Dorado Springs
24d. LOCATION (City, town, or county) (State): El Dorado Springs Mo

DATE REC'D BY LOCAL REG.: APRIL 16, 1949
REGISTRAR'S SIGNATURE: George H. Hafner M.D. per L. Crowton
FUNERAL DIRECTOR'S SIGNATURE: Lucien Carther — **ADDRESS**: El Dorado Spgs.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-49-412
Date Filed 4-18-49

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 Floyd E. Carothers
Licensed Embalmer No. 4419
P. O. Address El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.