FILED JUL 1 1949

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20021

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 329 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City 50
d. STREET ADDRESS (If rural, give location) 213 Mississippi Ave.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) B. c. (Last) Gwinn

4. DATE OF DEATH (Month) May (Day) 10, (Year) 1949

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH September 7, 1899

9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months 8 Days 3 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Pittsburgh Plate Glass

11. BIRTHPLACE (State or foreign country) Spurlington, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert B. Gwinn

13b. MOTHER'S MAIDEN NAME Ada Oaks

14. NAME OF HUSBAND OR WIFE Grace Arvin

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. Grace Gwinn, ADDRESS Crystal City, 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) Coronary thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Valvular heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4-20 1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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* Apr. 14, 1948, *to* May 3, 1949, *that I last saw the deceased alive on* May 3, 1949, *and that death occurred at* 6:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bert Bolgwin

23b. ADDRESS Fenton, Mo.

23c. DATE SIGNED 5/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify) ~~Burial~~ Removal

24b. DATE May 15, 1949

24c. NAME OF CEMETERY OR CREMATORY Brookside

24d. LOCATION (City, town, or county) (State) Campbellsville, Kentucky

DATE REC'D BY LOCAL REG. 5/12/49

REGISTRAR'S SIGNATURE Clara Bellmville

25. FUNERAL DIRECTOR'S SIGNATURE Cyntry R. Polite, ADDRESS Crystal City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 24 1949

APR 14 1950

FEB 17 1954

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. 245, working under my personal supervision.

Signed Ferd Lang
Student Embalmer

Signed Gustav R. Politte
Licensed Embalmer No. 3481
P. O. Address Crystal City, 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.