

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23913

State File No.

FILED AUG 6 1949

50

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5522</u>		Registrar's No. <u>39</u>		
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Horine (Rural)</u>		c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Le Roy</u> c. (Last) <u>Winkler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 - 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 12 - 1922</u>		
9. AGE (In years last birthday) <u>27</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>P.P. Glass Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Featur Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Winkler</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Weber</u>			14. NAME OF HUSBAND OR WIFE <u>Ruby Reynolds</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War 2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Winkler - Featur Mo</u>		ADDRESS _____		
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: <u>(JURY VERDICT) WE THE JURY FIND: MR WINKLER CAME TO DEATH BY ACCIDENTAL DROWNING</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2850</u>	
		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.						
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) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>JACHIM CREEK</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>HORINE JEFFERSON MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JUNE 19 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DROWNING IN CREEK BY FALLING OUT OF BOAT</u>				
22. I hereby certify that I attended the deceased from <u>INQUEST</u> , 19 <u>JUNE 19</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Daniel J. Mah</u>			23b. ADDRESS <u>Coram Off Co. 3 Ne Soto, MO</u>			23c. DATE SIGNED <u>6/19/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Featur Catholic Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Crystal City Mo</u>		
DATE REC'D BY LOCAL REG. <u>June 23 1949</u>		REGISTRAR'S SIGNATURE <u>Chas Bellmull</u>		142		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Wray</u> ADDRESS _____		

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

District File Number _____
District Health Officer No. 9,
RECEIVED
AUG 1 1949

AUG 8 1949

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 Alfred Raymond
Licensed Embalmer No. 3010

P. O. Address Ferret 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.