

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43526-

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 4529 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>METZ</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>METZ</u>	
c. LENGTH OF STAY (in this place) <u>14 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>MAIN ST.</u>	
3. NAME OF DECEASED a. (First) <u>HARRY</u> b. (Middle) <u>C.</u> c. (Last) <u>WINGATE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 26 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>DEC. 4-1877</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min. <u>10:25 P.M.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>machine shop</u>	11. BIRTHPLACE (State or foreign country) <u>DUNKIRK OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>THOMAS WINGATE</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZA PARRISH</u>	14. NAME OF HUSBAND OR WIFE <u>ETHEL WINGATE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>OWEN WINGATE</u> ADDRESS <u>METZ, MISSOURI</u>	
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; asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Glomerulo-nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Metz Vernon Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> -NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>334x</u>	
22. I hereby certify that I attended the deceased from <u>12-3</u> , 19 <u>47</u> , to <u>12-26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>49</u> , and that death occurred at <u>10:25 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>T. R. McBee</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Erbe Bldg Rich Hill Mo.</u>	23c. DATE SIGNED <u>12-28-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vernon County-Missouri</u>
DATE REC'D BY LOCAL REG. <u>Dec. 31, 1949</u>	REGISTRAR'S SIGNATURE <u>Wathyn H. Nancy</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boothe - Rich Hill, Mo.</u> ADDRESS _____

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

RECEIVED

District Health Officer No. 7,

District File Number 12-49-1567

Date Filed 1-9-50

JUL 19 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. _____

working under my personal supervision.

Student
Student Embalmer

Signed Grace F. Hill

Licensed Embalmer No. 4743

P. O. Address Butler, 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.