

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **136**

**FILED JAN 17 1950**

BIRTH NO. _____		REG. DIST. NO. <u>20</u>		PRIMARY REG. DIST. NO. <u>5081</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>BATES.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>Bates. 0170</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, East Boone Twp.</b>		c. LENGTH OF STAY in this place <b>30 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, East Boone Twp.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Not in hospital. At home</b>				d. STREET ADDRESS (If rural, give location) <b>3 mi. West Old Burdett, Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>H.</b>		b. (Middle) <b>LEWIS</b>		c. (Last) <b>WINGATE.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 5, 1950.</b>	
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced.</b>	8. DATE OF BIRTH <b>Feb. 27, 1876.</b>		9. AGE (In years last birthday) <b>73</b>	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) <b>Farmer.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming.</b>		11. BIRTHPLACE (State or foreign country) <b>Virginia.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wm. M. Wingate.</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy J. Horn.</b>		14. NAME OF HUSBAND OR WIFE <b>Fairest Fisher Wingate.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jencie Wingate, K.C. Mo.</b>	ADDRESS <b>K.C. Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable Cause</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Bronchial Pneumonia</b> DUE TO (c) <b>possibly dead 24 to 30 hrs</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>When found -</b>					INTERVAL BETWEEN ONSET AND DEATH  <b>491X</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Found dead at his home - no violence -</b>				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23. SIGNATURE <b>John G. Anderson, Coroner of Bates, Co. Mo.</b>				23b. ADDRESS <b>Butler, Missouri.</b>		23c. DATE SIGNED <b>1/6/50.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>		24b. DATE <b>1/7/1950.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>West Point Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>Merwin, Missouri.</b>		
DATE REC'D BY LOCAL REG. <b>1/7/1950</b>		REGISTRAR'S SIGNATURE <b>Myra Owens</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Drexel, Missouri.</b>	

(Licensed Embalmer's Signature on Reverse Side)

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

No. 300  
10-48

RECEIVED

District Health Officer No. 7

District No. \_\_\_\_\_ 12-69-159

Date Filed \_\_\_\_\_ 1-16-50

**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 \_\_\_\_\_

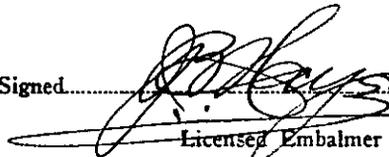
~~XXXXXXXXXXXXXXXXXX~~

working under ~~XXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXX~~

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 1950.

P. O. Address Drexel, 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.