

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 325

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>33 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1621 N. 11th Street</b>			d. STREET ADDRESS (If rural, give location) <b>1621 N. 11th Street</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>M.</b> c. (Last) <b>Winder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 7, 1950</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>March 24, 1874</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter &amp; Contractor-Building</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bedford, Iowa.</b>		11. BIRTHPLACE (State or foreign country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>John Elwood Winder</b>		13b. MOTHER'S MAIDEN NAME <b>Minerva Jessop</b>		14. NAME OF HUSBAND OR WIFE <b>Effie Winder</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Cleve Fenton Rushville, Mo.</b>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocardial Insufficiency</b>						INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Hypertension</b>						n	
		DUE TO (c) <b>Arterio Sclerosis General</b>						n	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>H43X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Oct 20, 1949**, to **Jan 7, 1950**, that I last saw the deceased alive on **Jan 6, 1950**, and that death occurred at **4:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Gustav R. Law</b>		23b. ADDRESS <b>0 9th St. Kirkpatrick Bldg. St. Joseph, Mo.</b>		23c. DATE SIGNED <b>Jan 7-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 9, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Jan. 11, 1950</b>		REGISTRAR'S SIGNATURE <b>E. G. Jenkins</b>		382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hatter Meierhoffer 1946 Colhoun St. St. Joseph, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

