

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 714

FILED FEB 6 1950

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell Union Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell R. 3</u>	
c. LENGTH OF STAY (in this place) <u>1 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>union Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>E.</u> c. (Last) <u>Winberry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>11</u>	8. DATE OF BIRTH <u>July 10-1949</u>
9. AGE (in years last birthday) <u>6</u> If UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Oulin Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
10a. <u></u>		10b. <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Oulin Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Glenn E. Winberry</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille Epley</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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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)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glenn E. Winberry</u>	ADDRESS <u>Campbell Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Choked to death</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Strangulation</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u></u>	
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 type="checkbox"/>
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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>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Campbell Dunklin Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-10-1950 4:00 am</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Found dead in bed.</u>

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 4:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter C. Hawkins, Coroner</u>	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>1-25-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Campbell Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-27-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Paulah Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hander Funeral Home</u>	ADDRESS <u>Campbell Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 1-30-40

County File No. 150-40

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Not Embalmed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.