

FILED SEP 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25922

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>	
c. LENGTH OF RESIDENCE (In this place) <b>30 yrs.</b>		0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>520 South First</b>		d. STREET ADDRESS (If rural, give location) <b>520 South First</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Andrew</b>	b. (Middle) <b>Jackson</b>	c. (Last) <b>Winget</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 30, 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>Married</b>	8. DATE OF BIRTH <b>Aug. 17, 1878</b>	9. AGE (In years) (last birthday) <b>72</b>	if UNDER 1 YEAR Days	if UNDER 6 Hrs. Hours	if UNDER 15 Mins. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Nightman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Watchman</b>	11. BIRTHPLACE (State or foreign country) <b>Shelby County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Luther Winget</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Hunsaker</b>	14. NAME OF HUSBAND OR WIFE <b>Ossie Brandenburg</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William G. Winget, Kirksville, Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>  <b>unknown</b>  <b>"</b>  <b>4201</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b>		
	DUE TO (c) <b>generalized arteriosclerosis</b>		
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)	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 checked="" 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 Aug 23, 1950, to Aug 30, 1950, that I last saw the deceased alive on Aug 29, 1950, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>M.T. Gutierrez</b> (Degree or title) <b>D.D.</b>	23b. ADDRESS <b>Kirkville, Mo.</b>	23c. DATE SIGNED <b>8-30-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/1/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>La Plata</b>	24d. LOCATION (City, town, or county) (State) <b>La Plata, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-31-50</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. FEDERAL DIRECTOR'S SIGNATURE <b>Paul M. Riley</b> ADDRESS <b>Kirkville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: SEP 5 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 9-50-14  
Date Filed: SEP 7 1950

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.....  
Student Embalmer

Signed.....

*Roy H. Mercer, Jr.*

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.