

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Sparks 36154*

BIRTH NO. _____ REG. DIST. NO. *38* PRIMARY REG. DIST. NO. *30072* Registrar's No. *296*

1. PLACE OF DEATH a. COUNTY <i>Boone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Columbia</i>	c. LENGTH OF STAY (In this place) <i>25 Years</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Columbia</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1208 Wilkes Blvd.</i>		d. STREET ADDRESS (If rural, give location) <i>1208 Wilkes Blvd</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i> b. (Middle) <i>RICHARD</i> c. (Last) <i>WINSCOTT</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 18, 1950</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 28, 1870</i>	9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>20</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Railroad Employee</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Sturgeon, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13a. FATHER'S NAME <i>Richard Allen Winscott</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Frances Whitaker</i>	14. NAME OF HUSBAND OR WIFE <i>Sallie Ann Cornelison</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknowns) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. William R. Winscott, Columbia, Mo.</i>

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>11-18-50</i> <i>11-22-49</i> <i>11-18-50</i> <i>442X</i> <i>5-16-50</i> <i>11-18-50</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Cardiac Decompensation</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardio Vasculer Renal Disease</i> DUE TO (c) <i>Bright's Disease</i> <i>Much Edema</i>		
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 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) (Min.)	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 *Nov 27, 1949*, to *11-18, 1950*, that I last saw the deceased alive on *11-18, 1950*, and that death, occurred at *9:53 A. M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Walter Sparks</i>	(Degree or title) <i>D.O.</i>	23b. ADDRESS <i>Columbia Mo</i>	23c. DATE SIGNED <i>11-18-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Nov. 20, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Old Union Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Boone County, Missouri.</i>
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DATE REC'D BY LOCAL REG. <i>Nov. 20 1950</i>	REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Parker Funeral Service, Columbia, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 11/28/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11/28/50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Mr. A. Whitaker

Licensed Embalmer No. 3893

P. O. Address Columbia, Md.

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.