

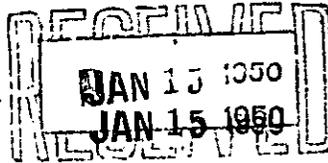
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1616**

FILED JAN 20 1951

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Johnson,</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE <u>Missouri,</u> b. COUNTY <u>Johnson,</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural, Warrensburg.</u>		c. LENGTH OF STAY (If in place) <u>3 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, township.</u>		0510			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>County Home.</u>				d. STREET ADDRESS (If rural, give location) <u>Warrensburg Township.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>N.</u> c. (Last) <u>Winfrey.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13 1951</u>						
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>13, Oct. 1866</u>		9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Common</u>		11. BIRTHPLACE (State or foreign country) <u>Miller Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>John Winfrey.</u>			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Lottie Winfrey.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wiley V. Winfrey, Warrensburg, MO.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>						<u>Several</u>	
		ANTECEDENT CAUSES						<u>years</u>	
		DUE TO (b)							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4 2 2 2</u>	
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 <u>Oct. 19, 1950</u> to <u>Jan. 13, 1951</u> , that I last saw the deceased alive on <u>Jan. 8, 1951</u> , and that death occurred at <u>1:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. R. Patterson M.D.</u>				23b. ADDRESS <u>Warrensburg, Mo.</u>			23c. DATE SIGNED <u>1/13/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>14, Jan. 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster</u>		24d. LOCATION (City, town, or county) (State) <u>Knobnoster, MO.</u>				
DATE REC'D BY LOCAL REG. <u>Jan. 13, 1951</u>		REGISTRAR'S SIGNATURE <u>Sarah Ann Antab...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u>		ADDRESS <u>Warrensburg MO.</u>			

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



JOHNSON COUNTY HEALTH DEPT.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed R. Q. Phillips

Signed _____
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.