

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3682**FILED MAR 7 1951  
0030BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rock Port.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rock Port.</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Flanery</b>	b. (Middle) <b>Newton</b>	c. (Last) <b>Winningham</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 27 1951</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>1/26/1891</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>1</b>	IF UNDER 2 HRS. Hours <b></b>	IF UNDER 15 MIN. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	11. BIRTHPLACE (State or foreign country) <b>Harrison Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>Am.</b>
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13a. FATHER'S NAME <b>William Winningham</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy-Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Winningham</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>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cora Winningham</b>	ADDRESS <b>Rock Port.</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, asthenia, 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) <b>neumonia, Broncho.</b>		<b>5 days</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio-sclerosis</b>		<b>2 years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **2/26/51**, to **2/27/51**, 19**51** that I last saw the deceased alive on **2/27/51**, 19**51**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G.A. Reutter M.D.</b>	23b. ADDRESS <b>Rockport, Mo.</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/1/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Rock Port, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 11 1951</b>	REGISTRAR'S SIGNATURE <b>Therain N. Scheeler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BARTHOLOMEW MORTUARY</b>	ADDRESS <b>ROCK PORT, MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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



MAY 7 1957

**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.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Grady Bartholomew*

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.