

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13362

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Risco		c. LENGTH OF STAY (in this place) X	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Senath		d. STREET ADDRESS (If rural, give location) Rural Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Public Highway		4. DATE OF DEATH (Month) (Day) (Year) April 11, 1951	
3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) S. c. (Last) WINKLER		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 22, 1906	
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY X	
11. BIRTHPLACE (State or foreign country) Long Town, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Winkler		13b. MOTHER'S MAIDEN NAME Sarah Edimon	
14. NAME OF HUSBAND OR WIFE Ersa Winkler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X	
16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ersa Winkler R. 2 Senath, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull, Broken		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (b) Legs, Crushed Chest			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Car and truck hit up	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) hip injury 62		8-11-66 26	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 072	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) HOUSE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 62	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Senath New Madrid, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/11/51		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:50 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. A. J. Smith, Coroner		23b. ADDRESS New Madrid, Mo	
23c. DATE SIGNED 4/16/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-51	
24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Oak Ridge, Mo.	
DATE REC'D BY LOCAL REG. 4/21/51		REGISTRAR'S SIGNATURE Dr. Neel West	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jimmy Osburn Funeral Home		Wardell, Mo.	

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

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RECEIVED

APR 30 1951

DISTRICT HEALTH OFFICE No. 6

File No.

APR 30 1951

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 James A. Osburn

Signed.....
Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.