

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 18758  
4281  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 18758		Registrar's No. 4281			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY					a. STATE <u>mo</u> b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township)			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)						
<u>St Louis</u>					<u>Farmington, Missouri 0941</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS (If rural, give location)						
<u>St Johns Hospital</u>					<u>1</u>						
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
<u>Charles</u>			<u>Wines</u>						<u>5-5-1951</u>		
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.	
<u>Male</u>		<u>White</u>		<u>Married</u>		<u>July 29th, 1893</u>		<u>57</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
<u>Mechanic</u>				<u>Auto Repairing</u>		<u>Farmington, Missouri</u>			<u>U.S.A.</u>		
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
<u>Bert A. Wines</u>				<u>Clara McCutcheon</u>				<u>Robbie B. Wines</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
<u>No</u>				<u>487-12-4335</u>		<u>Mrs. Charles A. Wines Farmington</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Common Duct Obstruction, Traumatic</u>					<u>3 mo</u>	
					ANTECEDENT CAUSES						
					<p>Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>					DUE TO (b) <u>Coronary Artery Occlusion</u>	
					DUE TO (c)						
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 checked="" type="checkbox"/> NO <input type="checkbox"/>			
<u>5-3-51</u>				<u>As above</u>							
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? <u>H201</u>							
22. I hereby certify that I attended the deceased from <u>5-1-51</u> , 19 <u>51</u> , to <u>5-5-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-5-51</u> , 19 <u>51</u> , and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Alan McAffee M. D.</u> (Degree or title)					23b. ADDRESS <u>452 N Kings Highway</u>			23c. DATE SIGNED <u>5-5-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
<u>Removal</u>		<u>5-5-51</u>		<u>I. O. O. F. Cemetery</u>			<u>Farmington, Mo</u>				
DATE RECORDED BY LOCAL REG. <u>1951</u>				REGISTRAR'S SIGNATURE <u>J. B. Parster</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc.</u>			

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

MAY 7 1951

(Licensed Embalmer's Statement on Reverse Side)

St. Louis 10, Mo.

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 Peter B. Dubrouillet

Signed .....  
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.