

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23544**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **514**

2532
9

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Laclede	b. CITY (If outside corporate limits, write RURAL and give township) Lebanon	a. STATE Missouri	b. COUNTY Laclede
c. LENGTH OF STAY (in this place) unknown	c. CITY (If outside corporate limits, write RURAL and give township) Stoutland	d. STREET ADDRESS (If rural, give location) no street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Long Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Riley c. (Last) Wingrey	4. DATE OF DEATH (Month) (Day) (Year) July 31 1951
5. SEX male	6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 11 1866
9. AGE (In years last birthday) 85	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
11. BIRTHPLACE (State or foreign country) Camden Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Benjamin Wingrey	13b. MOTHER'S MAIDEN NAME Mahalia Barnett	14. NAME OF HUSBAND OR WIFE Minnie Wingrey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE AND ADDRESS J. E. Lansdowne Stoutland, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	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)	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 7-7-1951, to 7-31-1951, that I last saw the deceased alive on 7-31-1951, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Vaneff (Deputy or Title) MD	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 8-3-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/2/51	24c. NAME OF CEMETERY OR CREMATORY Barnett Cemetery
24d. LOCATION (City, town, or county) (State) near Sleeper, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Virgil Evans	25. ADDRESS Stoutland, Mo.
DATE REC'D BY LOCAL REG. 8-4-1951	REGISTRAR'S SIGNATURE Hella L. Hays	424

Received AUG 11 1951

Laclede County Health Unit

File No. 8.51.109

Date Filed AUG 13 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Dersey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.