

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32755

State File No.

FILED OCT 25 1951

174

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>437</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Mo.</u>		c. LENGTH OF STAY (In this place) <u>20 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		1124	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>811 E. Henry St.</u>				d. STREET ADDRESS (If rural, give location) <u>811 E. Henry</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u>		b. (Middle) <u>Edwin</u>		c. (Last) <u>Wingate</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>7</u>		8. DATE OF BIRTH <u>Nov. 7 - 1873</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>11</u>		11. DAYS <u>29</u>		9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ruben Wingate</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Dishman</u>			14. NAME OF HUSBAND OR WIFE <u>Addie Wingate</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John G. Wingate, West Frankfort, Ill.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6 Oct. 1951</u> , to <u>16 Oct. 1951</u> , that I last saw the deceased alive on <u>Oct. 16, 1951</u> , and that death occurred at <u>5:20 P.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>L. W. Edwards</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>17 Oct 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Small</u>		24b. DATE <u>10-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Black Creek</u>		24d. LOCATION (City, town, or county) (State)? <u>Corning Ark</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 17, 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards</u> ADDRESS <u>Corning Ark</u>			

RECEIVED

OCT 23 1951

BUTLER CO. HEALTH CENTER

FILE No. 1051-469

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 _____
Student Embalmer

Signed Roman J. Selig Jr.

Licensed Embalmer No. 1562

P. O. Address Corning, Ark

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.