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FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42102

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 577

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon	
c. LENGTH OF STAY (In this place) 6 yrs.		d. STREET ADDRESS (If rural, give location) 252 Garfield 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Grace	b. (Middle)	c. (Last) Winfrey	4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov. 18, 1878	9. AGE (In years last birthday) 73	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Indiana /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Ulrey	13b. MOTHER'S MAIDEN NAME Lee Ann Shepard	14. NAME OF HUSBAND OR WIFE Amborus Winfrey
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amborus Winfrey, Lebanon, Mo.
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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, asthma, 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) Hypertensive Heart Disease		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lebanon Laclede Mo
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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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 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Richard L. Palmer 3	(Degree or title) coroner	23b. ADDRESS Lebanon Mo.	23c. DATE SIGNED 12-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/7/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	24d. LOCATION (City, town, or county) (State) Laclede County, Mo.
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DATE REC'D BY LOCAL REG. 12-7-1951	REGISTRAR'S SIGNATURE Stella L. Gray 424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.P. Palma Jr. Lebanon Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 15 1951

Received .....

LaClede County Health Unit

File No. 12-51-170

Date Filed DEC 18 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.

Student .....  
Student Embalmer

Signed J R Palmer Jr

Licensed Embalmer No. 4810

P. O. Address Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.