

15. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4189**

FILED FEB 26 1952
BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5177 Registrar's No. 7

0150
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richland rural Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richland rural Jackson</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Rout 1 Township 01521</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Our Home - RR # 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Conn</u> c. (Last) <u>Winkrey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 14 1858</u>	9. AGE (In years) (Months) (Days) <u>93 7</u>	IF UNDER 1 YEAR IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <u>Farmer + Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agri -</u>	11. BIRTHPLACE (State or foreign country) <u>Glyco City, Camden Co, Mo, 1858</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>James M Winkrey</u>	13b. MOTHER'S MAIDEN NAME <u>Eleanor Conn</u>	14. NAME OF HUSBAND OR WIFE <u>Isabelle Anderson Winkrey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wora Winkrey</u> ADDRESS <u>as above</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>one day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating 'the underlying cause last.' DUE TO (b) <u>Strangulated pt inguinal hernia</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 <u>5610</u>	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 2-16, 1952, to 2-17, 1952, that I last saw the deceased alive on 2-17, 1952, and that death occurred at 1401 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben A. Kussman M.D.</u> (Degree or title)	23b. ADDRESS <u>Richland, Mo.</u>	23c. DATE SIGNED <u>2-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb. 18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 18-1952</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u> <u>42</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Woolley</u> ADDRESS <u>Camden Mo</u>
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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

Arthur Bankson Woolery

Licensed Embalmer No. *2488*

P. O. Address *Camden New Jersey*

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.