

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5978

FILED MAR 11 1952

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 65	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		<u>1861</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1115 W. 6th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Victor</u> b. (Middle) <u>HUGO</u> c. (Last) <u>WINNBERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 11 - 1873</u>	9. AGE (In years last birthday) <u>88</u>	10. IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	11. IF UNDER 1 HRS. Hours <u>16</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Fireman</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>John C. Winnberg</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Winnberg</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Thelma Cook</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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Arterio Sclerosis</u> DUE TO (b) <u>5 yrs</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>4201</u>			20. AUTOPSY? YES ☐ NO ☒	
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 WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/1</u> , 19 <u>45</u> , to <u>2/27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/27</u> , 19 <u>52</u> , and that death occurred at <u>6 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. P. Dyer MD</u> (Degree or title)				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>2/29/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-29-52</u>		REGISTRAR'S SIGNATURE <u>J. P. Dyer MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Laughlin Bros</u>		ADDRESS <u>Sedalia</u>	

251-1

(Licensed Embalmers' Statement on Reverse Side)

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

12-10-1912

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 K. P. M. Cray
Licensed Embalmer No. 3153
P. O. Address Salina

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.