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FEB 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5986

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 05935 Registrar's No. 42

1. PLACE OF DEATH a. CITY <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) OR TOWN <u>Sedalia, rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia, rural</u> <u>0801</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Beuna Vista Home</u>		d. STREET ADDRESS (If rural, give location) <u>Beuna Vista Home</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>G.</u> c. (Last) <u>Winfrey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10, 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>August 31, 1872</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, retired</u>	11. BIRTHPLACE (State or foreign country) <u>Miller County Mo</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Winfrey</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Meredy</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Cargan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-10-6247</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. E. Winfrey, Sedalia, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Hip</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 Jan 12, 1952, to Feb 10, 1952, that I last saw the deceased alive on Feb 8, 1952, and that death occurred at 11 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Seaverly M.D.</u>		23b. ADDRESS <u>Sedalia MO</u>		23c. DATE SIGNED <u>Feb 11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 11, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Houstonia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Houstonia, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>2/12/52</u>		REGISTRAR'S SIGNATURE <u>H. E. Winfrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sedalia, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

241-0

(Licensee, Embalmer's Statement on Reverse Side)

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.