

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6954**

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **6189** Registrar's No. **11**

1. PLACE OF DEATH
 a. COUNTY **Saline**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mt Leonard**
 c. LENGTH OF STAY (In this place) **18 yrs**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **home at Mt Leonard**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Saline**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mt Leonard** **0970**
 d. STREET ADDRESS (If rural, give location) **none**

3. NAME OF DECEASED
 a. (First) **George** b. (Middle) **none** c. (Last) **Winter**
 4. DATE OF DEATH (Month) (Day) (Year) **Feb 28 1952**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **MARRIED**
8. DATE OF BIRTH **MARCH 27, 1881** **9. AGE (In years last birthday)** **70**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER** **10b. KIND OF BUSINESS OR INDUSTRY** **FARMING**
11. BIRTHPLACE (State or foreign country) **Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **John C. Winter** **13b. MOTHER'S MAIDEN NAME** **Catherine Stockman** **14. NAME OF HUSBAND OR WIFE** **Florence Winter**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **none** **17. INFORMANT'S SIGNATURE OR NAME** **Florence Winter** **ADDRESS** **Mt. Leonard mo**

18. CAUSE OF DEATH
 Enter 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Endocarditis**
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.
Nephritis
INTERVAL BETWEEN ONSET AND DEATH
5 yrs.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **4214** **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) _____ **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 **Jan 1952**, to **Feb 28, 1952**, that I last saw the deceased alive on **Feb 21, 1952**, and that death occurred at **10:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Richard T. Muehls DO.** (Degree or title) **23b. ADDRESS** **Marshall Mo** **23c. DATE SIGNED** **3-1-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** **24b. DATE** **MARCH 2, 1952** **24c. NAME OF CEMETERY OR CREMATORY** **Fairview Cemetery** **24d. LOCATION (City, town, or county) (State)** **Sweet Springs Mo**

DATE REC'D BY LOCAL REG. **3/1/52** **REGISTRAR'S SIGNATURE** **Dolly Andrew** **25. FUNERAL DIRECTOR'S SIGNATURE** **Edgar L. Mosley** **ADDRESS** **Sweet Springs Mo**

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

970
1

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

Edgar L. Moseley

Licensed Embalmer No. *4711*

P. O. Address *Sweet Springs, 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.