

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39844

State File No. _____

FILED DEC 10 1952

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6057 Registrar's No. 335

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

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Union Twp.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Union Twp.</u>		
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>			d. STREET ADDRESS (If rural, give location) <u>7 Mi. W. of Doniphan, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Mi. W. of Doniphan, Mo.</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Vanwinkle.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1952.</u>		
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5. SEX <u>0</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Dec. 27, 1861.</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>		11. BIRTHPLACE (State or foreign country) <u>Ward County, Indiana.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Ezekial Vanwinkle.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bruner.</u>		14. NAME OF HUSBAND OR WIFE <u>Polly Ann Vanwinkle.</u>	
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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) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marley Barrett, Ponder, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Polio Depletus.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatitis - Intention.</u>		
	DUE TO (c) <u>Sanitary Anterior Salivary.</u>		
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 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 Jan, 1951, to Oct 16, 1952, that I last saw the deceased alive on Jan 1, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Wayne, Mo.</u>	23c. DATE SIGNED <u>11-27-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>Oct. 18, 1952.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WINONA, MISSOURI.</u>
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DATE REC'D BY LOCAL REG. <u>11-28-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Means, Doniphan, 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.

Signed..... *Ray Meers*

Signed.....
Student Embalmer

Licensed Embalmer No. *3743*

P. O. Address *Doniphan, Missouri*

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.