.S. No. 300
EV. 10.48

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

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FILED JAN 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 241

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CENTRALIA
c. LENGTH OF STAY (In this place) 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) WAY NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) STURGEON MO
d. STREET ADDRESS (If rural, give location) 0100

3. NAME OF DECEASED (Type or Print)
a. (First) MARTHA
b. (Middle) JANE
c. (Last) WINFREY

4. DATE OF DEATH (Month) (Day) (Year) JAN 18 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH APRIL 22 1877
9. AGE (In years last birthday) 75 — If under 1 year: Months 8, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. D. ATKINSON
13b. MOTHER'S MAIDEN NAME BETTY STATON
14. NAME OF HUSBAND OR WIFE JEFFERSON WINFREY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME HAZEL MATHIS — ADDRESS STURGEON

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) Cerebral Hemorrhage, rt. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Congestive heartfailure — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) Centralia (COUNTY) Boone (STATE) Mo.
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* Jan 12, 1953, *to* Jan 18, 1953, *that I last saw the deceased alive on* Jan 18, 1953, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE B J Edmondson (Degree or title) M.D.
23b. ADDRESS Centralia, Mo.
23c. DATE SIGNED Jan 19, '53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-21-53
24c. NAME OF CEMETERY OR CREMATORY CARROLTON CEMETERY
24d. LOCATION (City, town, or county) CARROLTON (State) MO

DATE REC'D BY LOCAL REG. Jan. 20-1953
REGISTRAR'S SIGNATURE Maud McBride
25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Fleming — ADDRESS Chrome Mo

(Licensed 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Charles V. Greening

Signed.....
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Clarence 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.