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

FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17053

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY Boone 010 5 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia
c. LENGTH OF STAY (in this place) 8 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Boone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural. Cedar 0100 1
d. STREET ADDRESS (If rural, give location) McBaine R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First) Eliza
b. (Middle) Victor
c. (Last) Winfrey

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 12 1890
9. AGE (In years last birthday) 63
If under 1 year: Months 4 Days 8
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Earl McClanhan
13b. MOTHER'S MAIDEN NAME Frances Lyons
14. NAME OF HUSBAND OR WIFE Gilbert Winfrey

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. ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gilbert Winfrey McBaine Mo

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of Liver
DUE TO (c) and debilitation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION 5810
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* 5-7, 1953, *to* 5-20, 1953, *that I last saw the deceased alive on* 5-20, 1953, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. M. Hardwicke M.D.
23b. ADDRESS Ashland Mo.
23c. DATE SIGNED 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 21 1953
24c. NAME OF CEMETERY OR CREMATORY Nashville Cemt.
24d. LOCATION (City, town, or county) (State) McBaine R.F.D. Boone Co Mo

DATE REC'D BY LOCAL REG. May 20 1953
REGISTRAR'S SIGNATURE Mrs. R. E. Palmer
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. L. Burnett Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1963

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 Wm. C. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.