

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18765

State File No. _____

FILED MAY 26 1953

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CALIFORNIA</u>	c. LENGTH OF STAY (in this place) <u>5</u> WEEKS	c. CITY (If outside corporate limits, write RURAL and give township) <u>CALIFORNIA</u> <u>0681</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LATHAM HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>EAST STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>AUBRY</u> c. (Last) <u>WINEBRENNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20, 1953</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 26, 1873</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR (Months) <u>1</u>	11. UNDER 1 Wks. (Hours) _____ (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MONITEAU COUNTY</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM WINEBRENNER</u>	13b. MOTHER'S MAIDEN NAME <u>CORDELIA STINSON</u>	14. NAME OF HUSBAND OR WIFE <u>HATTIE HICKMAN</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)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>WM. WINEBRENNER, CLARKSBURG, MO.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>19 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial disease</u> DUE TO (c) _____ 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 <u>4222</u>	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)	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 April 1, 1953, to April 20, 1953, that I last saw the deceased alive on April 20, 1953, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edgar A. Kirby M.D.</u>	(Degree or title)	23b. ADDRESS <u>California</u>	23c. DATE SIGNED <u>4/21/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/22/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maconic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>CLARKSBURG, MONITEAU MO</u>
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DATE REC'D BY LOCAL REG. <u>5/11/53</u>	REGISTRAR'S SIGNATURE <u>H. K. Papey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLIAMS FUNERAL HOME, CALIFORNIA, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 26 1953

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

Hugh C. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.