

STANDARD CERTIFICATE OF DEATH

20960

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>5201</u>		Registrar's No. <u>31</u>			
1. PLACE OF DEATH a. COUNTY <u>Cayroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cayroll</u>					
b. CITY OR TOWN <u>Rural DeWitt</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Rural DeWitt</u>		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) _____		c. (Last) <u>Winfree</u>			
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>29</u>		(Year) <u>1953</u>			
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>Feb 23 1865</u>		9. AGE (In years last birthday) <u>88</u>			
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 _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charles Winfree</u>		13b. MOTHER'S MAIDEN NAME <u>Luzena Gatlin</u>		14. NAME OF HUSBAND OR WIFE <u>Henrietta Winfree</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Winfree</u>		ADDRESS <u>Norborn, Mo</u>			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				DUPLICATE				<u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Myocardial Infarction</u>				<u>terminal</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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>June 28, 1953</u> , to <u>June 29, 1953</u> , that I last saw the deceased alive on <u>June 29, 1953</u> , and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J.P. Forster</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Brunswick, Missouri</u>				23c. DATE SIGNED <u>6/30/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		24d. LOCATION (City, town, or county) <u>DeWitt</u>		(State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 1-1953</u>		REGISTRAR'S SIGNATURE <u>Pearl Koch</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer Funeral Home</u>		ADDRESS <u>Brunswick</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *S. L. Leopard*

Licensed Embalmer No. *3970*

P. O. Address *Mendon, N.Y.*

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

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