No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1953

State File No. 21129

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville
c. LENGTH OF STAY (in this place) 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Haas Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville 0270
d. STREET ADDRESS (If rural, give location) 904 Seventh St.

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) William
c. (Last) Winkelmeyer

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH August 22" 1868
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cigar Maker
10b. KIND OF BUSINESS OR INDUSTRY Cigar Factory
11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME G. H. Winkelmeyer
13b. MOTHER'S MAIDEN NAME Christina Walthers
14. NAME OF HUSBAND OR WIFE Mrs. Cordula Winkelmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish Amer.
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Holley,, ADDRESS Boonville, MoM

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Marked arteriosclerosis of brain causing dizziness. Fell and	
ANTECEDENT CAUSES — DUE TO (b)	Sustained a basal	
DUE TO (c)	fracture of skull	9027
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	died 5 hours later.	45

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Mrs Haas Convalescent Home.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Boonville, Cooper Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 13 1953 a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell out of 2d story window on head.

22. *I hereby certify that I attended the deceased from* Jan 2, 1953, *to* June 13, 1953, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD
23b. ADDRESS Boonville. Mo
23c. DATE SIGNED 6.16.53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 18 1953
24c. NAME OF CEMETERY OR CREMATORY Walnut Grove
24d. LOCATION (City, town, or county) (State) Boonville, Missouri.

DATE REC'D BY LOCAL REG. 6/16/53
REGISTRAR'S SIGNATURE D. E. Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, ADDRESS Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

23 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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.