No. 300
10.48

FILED OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31023

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 39

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

1. PLACE OF DEATH
a. COUNTY: Boone County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia, Missouri
c. LENGTH OF STAY (in this place): 8 months
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: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sturgeon, Missouri 0100
d. STREET ADDRESS (If rural, give location): Sturgeon, Missouri 0

3. NAME OF DECEASED (Type or Print)
a. (First): Israel
b. (Middle): Jefferson
c. (Last): Winfrey

4. DATE OF DEATH (Month) (Day) (Year): October 10 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowor 2
8. DATE OF BIRTH: March 12, 1868
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 6, Days 28 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: James Henry Winfrey
13b. MOTHER'S MAIDEN NAME: Nancy Ballinger
14. NAME OF HUSBAND OR WIFE: Martha Jane Atkinson Winfrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs Walter Mathis — ADDRESS: Sturgeon, 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) General debility (cardio vasculo renal deficiency) — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Several years
DUE TO (c) Senility — —

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: 442X
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* June 19, 1953, *to* Oct. 10, 1953, *that I last saw the deceased alive on* Oct. 6, 1953, *and that death occurred at* 9:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Lachance M.D. 0
23b. ADDRESS: 110 W. Sneed Centralia, Mo.
23c. DATE SIGNED: 10-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Wakenda Cemetery
24d. LOCATION (City, town, or county) (State): Carrollton, Missouri

DATE REC'D BY LOCAL REG.: Oct 10-1953
REGISTRAR'S SIGNATURE: Maud McBride 30-0
25. FUNERAL DIRECTOR'S SIGNATURE: Bill J. Meador — ADDRESS: Centralia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 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.....

working under my personal supervision.

Student Embalmer No.....

Signed Bill J. Meador

Signed.....
Student Embalmer

Licensed Embalmer No. 4876.

P. O. Address Centralia, Miss

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.