

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35506

State File No. _____

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>JUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1506-RUSSELL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1506-Russell</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHAN</u> b. (Middle) <u>WINGO</u> c. (Last) <u>WINGO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-6-1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7/14/1879</u>	9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN-9</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>UNKNOWN-</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN-</u>		14. NAME OF HUSBAND OR WIFE <u>ROSIE WINGO-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World I</u>		16. SOCIAL SECURITY NO. <u>484-18-5521</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosie Wingo - Kennett, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Vascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</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>4221</u>		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 3 Nov, 1953 to 3 Nov, 1953, that I last saw the deceased alive on 3 Nov, 1953 and that death occurred at 3:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James W. Warden MD</u>		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>7 Nov 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>PURIAL</u>		24b. DATE <u>Nov. 8-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAK RIDGE</u>	
		24d. LOCATION (City, town, or county) (State) <u>KENNETT, MO</u>			

DATE REC'D BY LOCAL REG. <u>11-10-1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Kennett, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

52
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-12-52

COUNTY FILE NUMBER 1158-2

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 A. Palmer

Licensed Embalmer No. 2556-

P. O. Address Keosauqua, 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.