

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17967

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 264

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN <u>Gale</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Hospital</u>		STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rosel</u>	b. (Middle) <u>Ed.</u>	c. (Last) <u>Winemiller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1955</u>
-------------------------------------	-------------------------	------------------------	-----------------------------	------------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 24, 1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	------------------------------------------------	---------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Benton, Ill.</u>	12. COUNTRY OF WHAT CITIZEN? <u>USA</u>
------------------------------------------------------------------------------------------------------------	-----------------------------------------------	------------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>Rozel Winemiller</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
--------------------------------------------	------------------------------------------	---------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>355-09-6168</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. E. Winemiller</u>	ADDRESS <u>Mt. Vernon, ILL.</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, ashenia, 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>Acute Coronary Occlusion</u>		<u>30 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Arterio Sclerotic Heart Disease</u>		<u>1 year</u> <u>1 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420D</u>			

19a. DATE OF OPERATION	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) m.	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 6-7-55, 1955, to 6-16, 1955, that I last saw the deceased alive on 6-16, 1955, and that death occurred at 5:30 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. L. Seaborn</u> (Degree of title)	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>6-20-55</u>
----------------------------------------------------------	-----------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Diggins</u>	24d. LOCATION (City, town, or county) (State) <u>Benton Ill.</u>
---------------------------------------------------------	--------------------------------	---------------------------------------------------	------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>6-22-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Estes</u>	ADDRESS <u>Cape Gir Mo.</u>
-----------------------------------------	--------------------------------------------	-----------------------------------------------------	-----------------------------

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

1000 21 700

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, ##### Lester C. Marchildon, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Lester C. Marchildon*

Licensed Embalmer No. 833

P. O. Address Cairo, Ill.

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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