

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

30106

State File No. \_\_\_\_\_

FILED OCT 3-1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 920

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Rural Bedford</u>	c. LENGTH OF STAY (in this place) <u>1 Wk.</u>	c. CITY OR TOWN <u>Rural Bedford Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp.</u>		STREET ADDRESS (If rural, give location) <u>6 MI. N.W. of Troy MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>J</u> c. (Last) <u>WING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1955</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>Mar 12 1885</u>	9. AGE (In years) (last birthday) <u>76</u>	IF UNDER 1 YEAR Month <u>6</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County MO.</u>	
13a. FATHER'S NAME <u>Frank Wing</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Stanek</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie Wing</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Wing Troy Mo.</u>		ADDRESS
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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>① Cordiac (myocardial) failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arrhythmia fibrillatio</u> DUE TO (c) <u>Coroio - Renal Vasculor disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>2/1</u> , 19 <u>55</u> to <u>Sept 26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 26</u> , 19 <u>55</u> and that death occurred at _____ m., from the causes and on the date stated above.		

23a. SIGNATURE <u>J. Church</u>	(Degree or title) <u>9</u>	23b. ADDRESS <u>Troy, Mo</u>	23c. DATE SIGNED <u>9-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Sept. 28, 55.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mashek Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln Co. MO.</u>

DATE REC'D BY LOCAL REG. <u>OCT 15 1955</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Gay</u>	ADDRESS <u>Troy Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

570  
0

8570

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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.....  
Signature of Student Embalmer

Signed... *Wayne M. Boy* .....  
Licensed Embalmer No. *358*

P. O. Address... *Troy Me*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.