No. 300
10.48

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

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 80194

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 281

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1222 Bolfax Ave 8641

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle):
c. (Last): Winget

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14. 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 7. 1900
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 1, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mo. State Highway Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Highway Dept.
11. BIRTHPLACE (City and State or Foreign Country): Knox Co Mo
12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: Hiram Winget
13b. MOTHER'S MAIDEN NAME: Ella Pulse
14. NAME OF HUSBAND OR WIFE: Lexy Winget

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Lexy Winget — **ADDRESS**: 1222 Bolfax Hannibal 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) Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH: Concurrent.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vegetative Endocarditis — 5 days.
DUE TO (c) Chr. Valvular Heart Disease — Concurrent.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic pancreatitis — 5 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4 11 X
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* Sept 10, 1955 *to* Sept 14, 1955, *that I last saw the deceased alive on* Sept 14, 1955 *and that death occurred at* 6:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert Lanning (Degree or title): MD
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 9/15/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-17-55
24c. NAME OF CEMETERY OR CREMATORY: Cedar Grove
24d. LOCATION (City, town, or county) (State): Plevna Mo. Knox Co

DATE REC'D BY LOCAL REG.: Sept 16 '55
REGISTRAR'S SIGNATURE: Dr. Ben Lucke By H. C. Frieden 189-0
25. FUNERAL DIRECTOR'S SIGNATURE: L. M. O'Donnell
ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 21 1956
MARION CO. HEALTH DEPT.
DATE FILED SEP 21 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. M. O'Donnell

Licensed Embalmer No. 388

P. O. Address Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.