

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 92

No. 300  
10-48

FILED DEC 30 1955

REG. DIST. NO. 75

PRIMARY REG. DIST. NO. 3015

BIRTH NO. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clinton</u>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Kansas</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u> |  | c. CITY OR TOWN <u>Manhattan</u>   | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp</u>               |  | e. STREET ADDRESS (If rural, give location) <u>1140 Thurston St</u>  |  |

|   |            |             |                             |   |
|---|------------|-------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>MARGARET</u> | a. (First) | b. (Middle) | c. (Last) <u>VAN WINKLE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-55</u> |
|---|------------|-------------|-----------------------------|---|

|                 |                           |   |                                     |   |                        |                       |       |      |
|-----------------|---------------------------|---|-------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept 2-1892</u> | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|-----------------|---------------------------|---|-------------------------------------|---|------------------------|-----------------------|-------|------|

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|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Ill</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|---|--|--|
| 13a. FATHER'S NAME <u>Thomas Jacobs</u> | 13b. MOTHER'S MAIDEN NAME <u>no record</u> | 14. NAME OF HUSBAND OR WIFE <u>Wm A Van Winkle</u> |
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|   |                                     |   |                               |
|---|-------------------------------------|---|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm A. Van Winkle</u> | ADDRESS <u>Manhattan, Mo.</u> |
|---|-------------------------------------|---|-------------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*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> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 1/2 hours</u> |
|  | ANCEDENT CAUSES<br><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <u>Head Injury</u> |  |  |
|  | DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Deep laceration scalp complete fracture upper part of tibia</u>                                     |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Clinton</u> (COUNTY) <u>Mo</u> (STATE) |
|--|--|--|

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|---|---|--|
| 21d. TIME OF INJURY <u>12-17-55 9:45 AM</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>car accident</u> |
|---|---|--|

22. I hereby certify that I attended the deceased from 12-17, 1955 to 12-18, 1955, that I last saw the deceased alive on 12-17, 1955, and that death occurred at 5:24 a.m., from the causes and on the date stated above.

|   |                                |                                  |
|---|--------------------------------|----------------------------------|
| 23a. SIGNATURE <u>G. H. Hetherton</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Cameron Mo</u> | 23c. DATE SIGNED <u>12-19-55</u> |
|---|--------------------------------|----------------------------------|

|   |                           |  |  |
|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-20-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u> | 24d. LOCATION (City, town, or county) (State) <u>Manhattan, Kansas</u> |
|---|---------------------------|--|--|

|  |  |   |                        |
|--|--|---|------------------------|
| DATE REC'D BY LOCAL REG. <u>12-21-55</u> | REGISTRAR'S SIGNATURE <u>Wimfred W. Mosler</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u> | ADDRESS <u>Cameron</u> |
|--|--|---|------------------------|

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

JAN 11 1963

JAN 8 1963

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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 *Robert F. Poland*

Licensed Embalmer No. *477*  
*222 West*  
P. O. Address *Camden*

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.