

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1956

State File No. 2512

BIRTH NO.		REG. DIST. NO. 914		PRIMARY REG. DIST. NO. 3452		Registrar's No. 8	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>St Clair</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>St Clair</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. CITY OR TOWN <i>Laurry city</i>		c. LENGTH OF STAY (in this place) <i>6 yrs</i>		c. CITY OR TOWN <i>Laurry city</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at Home</i>				f. STREET ADDRESS (If rural, give location) <i>at Home</i> 0930			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>WILLIAM</i>		b. (Middle)		c. (Last) <i>WINTER</i>	
4. DATE OF DEATH		(Month) <i>Jan.</i>		(Day) <i>7</i>		(Year) <i>1956</i>	
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>widowed</i>		8. DATE OF BIRTH <i>Jan. 17, 1873</i>	
9. AGE (In years last birthday) <i>82</i>		if UNDER 1 YEAR Months <i>11</i>		if UNDER 2 HRS. Days <i>20</i>		Hours <i>-</i> Min. <i>-</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Hummerbuck Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Frederick Winter</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Wm Winter</i>		ADDRESS <i>Clinton MO</i>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Embolism</i>				<i>suicidal</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<i>History</i>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<i>History</i>	
		DUE TO (b) <i>Myocarditis</i>					
		DUE TO (c) <i>Atherosclerosis</i>					
		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 <i>4201</i>				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)		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 <i>1946</i> , 19 <i>Jan. 7</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>Jan. 7</i> , 19 <i>56</i> , and that death occurred at <i>4 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Wm Winter</i>		(Degree or title) <i>Dr.</i>		23b. ADDRESS <i>Laurry city Mo</i>		23c. DATE SIGNED <i>1-11-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-9-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Laurry city</i>		24d. LOCATION (City, town, or county) (State) <i>Laurry city Mo</i>	
DATE REC'D BY LOCAL REG. <i>1-11-56</i>		REGISTRAR'S SIGNATURE <i>Yuth Seewers</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>F L Schabig</i>		ADDRESS <i>Clinton Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *F. L. Schabus*

Licensed Embalmer No. *451*

P. O. Address *Clinton*

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.