

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8026**

FILED MAR 19 1956

BIRTH NO. _____		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 5105		Registrar's No. 8		
1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Benton				
b. CITY OR TOWN WARSAW (Parish)		c. LENGTH OF STAY (in this place) years		c. CITY OR TOWN WARSAW		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
d. FULL NAME OF HOSPITAL OR INSTITUTION Tom Township				e. STREET ADDRESS (If rural, give location) W. Tom (township)				
3. NAME OF DECEASED (Type or Print) WALTER GROVE R WINEGAR			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 11 1956		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 20, 1888			9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 7 Days 21	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resort Owner		10b. KIND OF BUSINESS OR INDUSTRY Camp		11. BIRTHPLACE (City and State or Foreign Country) Hannibal MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Charles Edward Winegar		13b. MOTHER'S MAIDEN NAME Eliza F. Wheller		14. NAME OF HUSBAND OR WIFE Anna Laurine Winegar				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Anna Laurine Winegar - Warsaw				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency & terminal thrombosis with myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 30 mins		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) atherosclerosis, coronary				2 yrs.		
		DUE TO (c) Generalized arteriosclerosis						
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				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) 4201				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 3-8-1956 , to 3-11-1956 , that I last saw the deceased alive on 3-10-1956 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE G. L. ... M.D. (Degree or title)				23b. ADDRESS Warsaw, Mo.		23c. DATE SIGNED 3-12-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE May 14, 1956	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Jackson Mo			
DATE REC'D BY LOCAL REG. Mar. 13 - 1956		REGISTRAR'S SIGNATURE J. A. Logan		25. FUNERAL DIRECTOR'S SIGNATURE John F. Keser		ADDRESS Warsaw, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1956

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.....

Licensed Embalmer No. 40

P. O. Address... Warsaw

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.