

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 11 1957

BIRTH NO. .... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>1 month</u>	c. CITY OR TOWN <u>Sedalia</u> <u>0804</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1604 South Lamine</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDE</u> b. (Middle) <u>WINCH</u> c. (Last) <u>WINCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1957</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 5, 1882</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>   </u> Days <u>   </u>	IF UNDER 24 HRS. Hours <u>   </u> Min. <u>   </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carlisle, Iowa /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Winch</u>	13b. MOTHER'S MAIDEN NAME <u>Mary K. Ellison</u>	14. NAME OF HUSBAND/ OR WIFE <u>Minnie Butler Winch</u>
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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>497-42-6897</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Winch</u> ADDRESS <u>1604 South Lamine Sedalia, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1 Chr. Vascular Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.. DUE TO (b) <u>   </u> ✓ DUE TO (c) <u>   </u> ✓ <u>4214</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>① Pernicious Anemia?</u>			

19a. DATE OF OPERATION <u>   </u>	19b. MAJOR FINDINGS OF OPERATION <u>   </u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>   </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bldg., etc.) <u>   </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>   </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>   </u>

22. I hereby certify that I attended the deceased from Oct 1, 1956, to Mar 4, 1957, that I last saw the deceased alive on Mar 4, 1957, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. W. Leavess M.D.</u>	23b. ADDRESS <u>Knob Noster mo</u>	23c. DATE SIGNED <u>3-5-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/6/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-6-57</u>	REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>   </u> ADDRESS <u>Sedalia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 19 1957

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 *P. E. Baker* .....

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.