V.S. No. 300
Rev. 10.48

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13774

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 2035 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 77 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 So. 24th Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington 0542
d. STREET ADDRESS (If rural, give location): 205 So. 24th Str.

0542 1

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

4. DATE OF DEATH (Month) (Day) (Year): April 11 1957

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 2, 1879
9. AGE (In years last birthday): 77 — If under 1 year: Months 10, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper
10b. KIND OF BUSINESS OR INDUSTRY: Own House wife
11. BIRTHPLACE (City and State or Foreign Country): Hicklin Bottom Lex. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Peter Parker
13b. MOTHER'S MAIDEN NAME: Mary Jones
14. NAME OF HUSBAND OR WIFE: Carl Winkfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Carl Winkfield — ADDRESS: 205 So. 24 Lex. 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): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease — 10 years
DUE TO (c): myocardial infarction — 1 week

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: 4200
20. AUTOPSY? 2 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* June, 1955 *to* April 11, 1957, *that I last saw the deceased alive on* April 8, 1957, *and that death occurred at* 1:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph W Riley MD.
23b. ADDRESS: Lexington
23c. DATE SIGNED: 4-13-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 16, 1957
24c. NAME OF CEMETERY OR CREMATORY: Forest Green Cemetery
24d. LOCATION (City, town, or county) (State): Lexington, Missouri

DATE REC'D BY LOCAL REG.: 4-20-57
REGISTRAR'S SIGNATURE: Minnie E Eachbrook
25. FUNERAL DIRECTOR'S SIGNATURE: George A Green — ADDRESS: Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 19 1958

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 .....
Student Embalmer

Signed George H Green

Licensed Embalmer No. 4220

P. O. Address Marshall Mo.

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 this body is not embalmed, fact should be so stated above.