

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010856  
STATE FILE NUMBER

Registration District No. 201 Primary Registration District No. 2048 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Page</u> <u>4140</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Clarinda</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hos.</u>			Length of stay in 1b <u>2 days</u>		d. STREET ADDRESS <u>9 Mi. S.E. Town</u> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>CLYDE</u> Middle <u>ALBERT</u> Last <u>WINGER</u>				4. DATE OF DEATH Month <u>March</u> Day <u>15</u> Year <u>1958</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 18, 1882</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Humansville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Joseph Winger</u>				14. MOTHER'S MAIDEN NAME <u>Jennie Jackson</u>					
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>184-40-7123</u>		17. INFORMANT <u>Nora Winger</u> Address <u>Clarinda, Iowa.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 mi</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Hypertensive C V R disease</u>		DUE TO (c) <u>4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I:(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					20e. CITY, TOWN, OR LOCATION <u>Clarinda</u> COUNTY _____ STATE _____	
20f. CITY, TOWN, OR LOCATION	COUNTY	STATE							
21. I attended the deceased from <u>3-13-58</u> to <u>3-15-58</u> and last saw her alive on <u>3-15-58</u> . Death occurred at <u>8:30 A.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>E. Jones M.D.</u>				22b. ADDRESS <u>Maryville, Mo. Bedford, Iowa.</u>		22c. DATE SIGNED <u>3/18/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)				
<u>Rem. &amp; Burial</u>		<u>3/18/1958</u>	<u>Clarinda Cemetery</u>		<u>Clarinda, Iowa.</u>				
24. FUNERAL DIRECTOR <u>Loren Dawson</u>			ADDRESS <u>Clarinda, Iowa.</u>	25. DATE RECD. BY LOCAL REG. <u>3-29-58</u>		26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>			

MS SEP 1 1951

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 *G. M. Atkinson*

Licensed Embalmer No. 227

P. O. Address *Maywell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.