

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040964
STATE FILE NUMBER

57701-108
FILED NOV 18 1958
Registration District No. 273 Primary Registration District No. 5913 Registrar's No. 113

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Perry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry		
b. CITY (If outside corporate limits, give TOWNSHIP only) Bois Brule Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Menfro		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Menfro, Star Rt.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Star Rt.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Danny Joe Wingerter			4. DATE OF DEATH Month Day Year Oct. 10, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 5, 1958		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 2 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perryville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Dale Wingerter		13b. MOTHER'S MAIDEN NAME Marion Plemmons		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Dale Wingerter, Menfro, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Garbage of Perry County, Mo.		9240 18	
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 checked="" 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.) Entangled in Baby Blanket			
20c. TIME OF INJURY Hour Month, Day, Year 12:30 a.m. 10-10-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home, Menfro, Star Rt.			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Menfro, Star Rt.		COUNTY Perry	STATE Mo.
21. I attended the deceased from Death occurred at 12:30 A.M. Garbage of Perry County, Mo. and last saw her alive on 10-11-58 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. J. Zellner		(Degree or title) Registrar of Perry County, Mo.	22b. ADDRESS Menfro, Mo.		22c. DATE SIGNED 10-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 11, 1958	23c. NAME OF CEMETERY OR CREMATORY Catholic Cem.		23d. LOCATION (City, town, or county) (State) Belgique, Mo.
24. FUNERAL DIRECTOR Albert Bey		ADDRESS Perryville, Mo.	25. DATE RECD. BY LOCAL REG. 10-11-58		26. REGISTRAR'S SIGNATURE W. J. Zellner

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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,, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Albert Bey*.....

Licensed Embalmer No. *3*.....
P. O. Address *Perryville*.....

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.