SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021832
STATE FILE NUMBER

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 71

FILED JUN 19 1961

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bedford township
Length of stay in 1b: 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lincoln County Hosp.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Warren
c. CITY OR TOWN: Truxton
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.R. #1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Florence Middle: Ernst Last: Winter
4. DATE OF DEATH: Month: June Day: 13 Year: 1961
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-28-1886
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (City and state or country): Warren County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fritz Winter
13b. MOTHER'S MAIDEN NAME: Christina Fahrmeyer
14. NAME OF HUSBAND OR WIFE: Wilhelmina Scheppman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs. Ray Knickmeyer, Address: R.R.#1 Truxton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 12 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS — UNK.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957, to ____ and last saw ~~alive~~ him alive on 6-12-61
Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul Berryman M.D.
22b. ADDRESS: Troy, Mo.
22c. DATE SIGNED: 6-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-15-61
23c. NAME OF CEMETERY OR CREMATORY: Zion Church Cemetery
23d. LOCATION (City, town, or county) (State): Truxton, Mo.

24. FUNERAL DIRECTOR ADDRESS: F.W.Nieburg & Co., Warrenton, Mo.
25. DATE RECD. BY LOCAL REG.: 6-13-1961
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.
DOCUMENT
BY AFFIDAVIT OF

JUN 23 1967

JUN 20 1967

OCT 26 1967

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 John F. Hiebung

Licensed Embalmer No. 3897

P. O. Address Warrenton, M

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.