

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-025887  
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5672 Registrar's No. 83  
**FILED AUG 14 1961**

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BURR OAK TOWNSHIP</u>		Length of stay in 1b <u>21 years</u>		c. CITY OR TOWN <u>Foley Mo</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>3 mi west of Foley</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3 mi. west of FOLEY</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>CLAUDE</u> Middle <u>LEE</u> Last <u>WINEBERNER</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>4</u> Year <u>1961</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/18/87</u>		9. AGE (last birthday) <u>74-2-17</u>		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) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>Foley, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>RICHARD WINEBERNER</u>				13b. MOTHER'S MAIDEN NAME <u>ALMENA MYERS</u>				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) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>DELMAR HINES</u>		Address <u>FOLEY, Mo.</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> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart Disease</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>3 yrs.</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. 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 _____ a.m. _____ p.m. _____		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 <u>10-9-56</u> to <u>8-4-61</u> and last saw him alive on <u>8-2-61</u> Death occurred at <u>8:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Herman J. Kloeber M.D.</u> (Degree or title)						22b. ADDRESS <u>9616 Backland Rd.</u>			22c. DATE SIGNED <u>8-4-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG. 6, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CORINTH</u>			23d. LOCATION (City, town, or county) <u>FOLEY, MO</u>			(State)			
24. FUNERAL DIRECTOR <u>O. C. Ricks</u> ADDRESS <u>Elsberry, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>8-6-1961</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

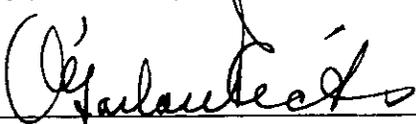
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed 

Licensed Embalmer No. 401  
 P. O. Address Elsberry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.