

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039466
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 217

Primary Registration District No. _____

Registrar's No. 37

FILED NOV 2 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brinktown, Mo.		Length of stay in lb 70Yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home		d. STREET ADDRESS (If outside, give location) Brinktown, Mo.	
3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Anna Winkelman		4. DATE OF DEATH Month Day Year Oct. 21, 1962.	
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 10/30/69
9. AGE (last birthday) 92		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 11 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	
11. BIRTHPLACE (City and state or country) Osage County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Wieggers		13b. MOTHER'S MAIDEN NAME Tresa Klebba	
14. NAME OF HUSBAND OR WIFE Casper Winkleman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. none		17. INFORMANT Adolph Winkleman, Brinktown, 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) Acute congestive cardiac failure.			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
DUE TO (b) Chronic congestive cardiac failure.			Unknown
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 January, 1959 to October 21, 1962 last saw her alive on October 21, 1962 Death occurred at 1:30P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Conley L. Hatcher, Jr.</i> (Degree or title)		22b. ADDRESS Dixon, Missouri	
22c. DATE SIGNED 10-27-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/24/62	23c. NAME OF CEMETERY OR CREMATORY Guardian Angel	23d. LOCATION (City, town, or county) (State) Brinktown, Mo.
24. FUNERAL DIRECTOR W. C. Birmingham		25. DATE RECD. BY LOCAL REG. 10-27-1962	26. REGISTRAR'S SIGNATURE <i>Margie L. Hatcher</i>

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1965

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

McBirmingham

Licensed Embalmer No.

3664

P. O. Address

Crema 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.