

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017061

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 142

STATE FILE NUMBER

FILED APR 29 1963

DO NOT WRITE  
ON THIS STUB

AMENDED

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Rev. 4/59

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MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                             |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>                   |                                                                           |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Sedalia</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   | c. CITY OR TOWN <u>Sedalia</u>                                                                                                                              |                                                                           |
| Length of stay in lb<br><u>50 Years</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        |                                                                           |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>1309 East 11th Street</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   | d. STREET ADDRESS (If outside, give location)<br><u>1309 East 11th Street</u>                                                                               |                                                                           |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                       |                                                                           |
| 3. NAME OF DECEASED<br>(Type or print)<br><u>AUGUSTA WINGATE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>22</u> Year <u>1963</u>                                                                                       |                                                                           |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. COLOR OR RACE<br><u>White</u>                                                                                  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10-12-1894</u>                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Homemaker</u>                                                                                                       |                                                                           |
| 11a. FATHER'S NAME<br><u>Heineman Clause</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | 11b. MOTHER'S MAIDEN NAME<br><u>Lydia Pohl</u>                                                                                                              |                                                                           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   | 16. SOCIAL SECURITY NO.<br><u>189-10-7391</u>                                                                                                               |                                                                           |
| 17. INFORMANT<br><u>Charles Wingate</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   | 18. NAME OF HUSBAND OR WIFE<br><u>Luther Wingate</u>                                                                                                        |                                                                           |
| 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                                                                   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u>                                                                                                            |                                                                           |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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.)<br><u>at home</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   | 20f. CITY, TOWN, OR LOCATION<br><u>Sedalia</u>                                                                                                              |                                                                           |
| 20g. COUNTY<br><u>Pettis</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | 20h. STATE<br><u>Missouri</u>                                                                                                                               |                                                                           |
| 21. I <u>certified</u> the deceased from <u>as above</u> and last saw her alive on <u>about 9:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                                                             |                                                                           |
| 22a. SIGNATURE<br><u>Oliver Gordon Stauffer</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | 22b. ADDRESS<br><u>Conner, Peels Co</u>                                                                                                                     |                                                                           |
| 22c. DATE SIGNED<br><u>4-25-63</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | 22d. ADDRESS<br><u>Sedalia, Missouri</u>                                                                                                                    |                                                                           |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 23b. DATE<br><u>April 25, 1963</u>                                                                                | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>                                                                                         | 23d. LOCATION (City, town, or county) (State)<br><u>Sedalia, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>Gillespie Funeral Home</u><br><u>D.W. Heckart</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | 25. DATE RECD. BY LOCAL REG.<br><u>April 25, 1963</u>                                                                                                       |                                                                           |
| 26. REGISTRAR'S SIGNATURE<br><u>Francis H. Anderson</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   | 26. REGISTRAR'S SIGNATURE<br><u>Francis H. Anderson</u>                                                                                                     |                                                                           |

(Licensed Embalmer's Statement on Reverse Side)

USE BACK INK  
OR  
TYPEWRITER RIBBON

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 R. Tarnus Jr.*

Licensed Embalmer No.

5173

P. O. Address

*Sedalia 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.