

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40311**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY HENRY	
b. CITY OR TOWN CLinton		c. CITY OR TOWN CLinton	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> na
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 615 W ALLEN 04th 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 615 W allen			

3. NAME OF DECEASED (Type or Print) a. (First) **SAMUEL** b. (Middle) **W** c. (Last) **VANWINKLE**

4. DATE OF DEATH (Month) (Day) (Year) **DEC 28 1955**

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 21 1880	9. AGE (In years last birthday) 75	if UNDER 1 YEAR Months 9 Days 7	if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEAMSTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) HENRY Co mo	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME **JAMES M VANWINKLE** 13b. MOTHER'S MAIDEN NAME **MARTHA E. DUNNAVANT** 14. NAME OF HUSBAND OR WIFE **FLORA VANWINKLE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME **Mrs Flora Vanwinkle** ADDRESS **Clinton**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INANITION & DEBILITATION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYELOGENOUS LEUKEMIA DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2041			

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY - (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 2**, 19**55**, to **Dec 28**, 19**55**, that I last saw the deceased alive on **Dec. 28**, 19**55**, and that death occurred at **7:12 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **R. E. Harbaugh** 23b. ADDRESS **P.O. 105 E. Ohio Clinton, Mo** 23c. DATE SIGNED **Dec. 30 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12/31/55** 24c. NAME OF CEMETERY OR CREMATORY **ENGLEWOOD CEM** 24d. LOCATION (City, town, or county) (State) **CLinton mo**

DATE REC'D BY LOCAL REG. **12-31-55** REGISTRAR'S SIGNATURE **Mildred Bigum 521** 25. FUNERAL DIRECTOR'S SIGNATURE **R E Consolus** ADDRESS **Clinton mo**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 17 1950

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 *J. E. Consalvo*.....

Licensed Embalmer No. *188*

P. O. Address *Clinton*.....

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.