

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41259

State File No. ....

FILED DEC 17 1956

REG. DIST. NO. 137

PRIMARY REG. DIST. NO. 3023

Registrar's No. 326

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>		b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (In this place) <b>5 Da.</b>		c. CITY OR TOWN <b>Clinton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton General Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS <b>208 So. Orchard St.</b>		84220			
3. NAME OF DECEASED (Type or Print). a. (First) <b>JESE</b>		b. (Middle) <b>FRANCIS</b>		c. (Last) <b>VANWINKLE</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10, 1956</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 13, 1871</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Month(s) IF UNDER 12 HRS. Day(s) Hour(s) Min. <b>85 9 27</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Harness &amp; Shoe repair</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>East Henry Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>M. G. VanWinkle</b>		13b. MOTHER'S MAIDEN NAME <b>Mariah Jane Biggs</b>	
14. NAME OF HUSBAND OR WIFE <b>Erma VanWinkle</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Erma VanWinkle, Clinton, Mo.</b>		17. ADDRESS <b>Clinton, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Gastric hemorrhage</b>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastric hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>		II. ANTECEDENT CAUSES DUE TO (b) <b>Gastric ulcer</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5400</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <b>Jan</b> , 19 <b>50</b> , to <b>Dec 9</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Dec 9</b> , 19 <b>56</b> , and that death occurred at <b>1:50A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Erma VanWinkle</i>		(Degree or Title)		23b. ADDRESS <b>106 S. Third Clinton, Mo.</b>	
23c. DATE SIGNED <b>12/10/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 11, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton, Mo.</b>		DATE REC'D BY LOCAL REG. <b>12-10-56</b>	
REGISTRAR'S SIGNATURE <i>Mildred Biggs</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>H. H. Hunsant</i>		ADDRESS <b>Clinton, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. A. Mansaut*.....

Licensed Embalmer No. *3779*.....

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.