

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2762**

Registrar's No. **30**

FILED APR 12 1948

Registration District No. **17**

Primary Registration District No. **3000**

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

1. PLACE OF DEATH:

(a) County **Bates**

(b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Butler Memorial** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**

(c) City or town **Butler**
(If outside city or town limits, write "RURAL")

(d) Street No. **309 W. Pine**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Edmund Skiles Winegardner**

3. (b) If veteran, name war: **-----**

3. (c) Social Security No. **-----**

4. Sex **M** Color **W**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife: **-----**

6. (c) Age of husband or wife if alive **24** years **1865**

7. Birth date of deceased: **August** (Month) **24** (Day) **1865** (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**
year **1948** hour **5** minute **30** P.M.

21. I hereby certify that I attended the deceased from **March 1** 19**48** to **March 14** 19**48**
that I last saw him alive on **March 14** 19**48**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
82	6	20	hr. min.

Immediate cause of death: **Several Perilosity**

Due to **Bilateral**

Due to **Bronchopneumonia**

Other conditions (include pregnancy within 3 months of death): **-----**

9. Birthplace **Penn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business: **-----**

MOTHER FATHER

12. Name **William Winegardner**

13. Birthplace **Penn.** (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Skiles**

15. Birthplace **Penn.** (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: **107**

Of operations: **-----**

Of autopsy: **-----**

Underline the cause of which death should be charged statistically.

16. (a) Informant **Ray Winegardner**

(b) Address **W. Pine**

17. (a) **Burial** (b) Date thereof **3-16-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Cemetery**

18. (a) Signature of funeral director **Culver-Underwood**

(b) Address **Butler, Mo.**

19. (a) **3-16-48** (b) **Kendall Perry**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work? **Yes** (e) Means of injury.....

23. Signature **Chas. W. Skiles** (M. D. or other) **MD**
Address **Butler Mo.** Date signed **3/15/48**

EMERALD CITY

RECEIVED

District Health Officer No. 7,

District File Number 3-28-368

Date Filed 4-10-48

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 _____

Robert G Steinbeck

Registered Apprentice No. 200

working under my personal supervision.

Signed

John G. Chidewood

Licensed Embalmer No. 3585

P. O. Address Butler 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 this body is not embalmed, fact should be so stated above.