

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7427

BIRTH NO.		REG. DIST. NO. <u>38</u>	PRIMARY REG. DIST. NO. <u>5120</u>	Registrar's No. <u>60</u>
1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia, RFD#2</u>		c. LENGTH OF STAY (in this place) <u>10 mos.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Columbia, R.F.D.#2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia, R.F.D.#2</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Henry</u>
		c. (Last) <u>Winingear</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 28 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 20, 1866</u>	9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alexander Winingear</u>		13b. MOTHER'S MAIDEN NAME <u>Emiline Hicks</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Winingear</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.H. Winingear</u>
				ADDRESS <u>R.F.D.#2</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 <u>12:20</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:20A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Harold W. Griffith</u>		23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>2-28-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/2/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nashville</u>
				24d. LOCATION (City, town, or county) <u>Boone</u> (State) <u>Columbia R.F.D.#2 Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 28 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Hullett</u>
				ADDRESS <u>Columbia, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Date Filed 3-15-69
Certificate Number

RECEIVED
Director Health Officer No. 91

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,

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed: Lynn H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.