

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9730

9400
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackwell</u>	
c. LENGTH OF STAY (in this place) <u>54 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Asa</u> b. (Middle) <u>Frank</u> c. (Last) <u>Winer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR-12-1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUN. 31-1878</u>
9. AGE (In years last birthday) <u>71</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Washington Co, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Winer</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Stephens</u>	14. NAME OF HUSBAND OR WIFE <u>Mayme McMullian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. Cole</u> ADDRESS <u>Blackwell, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-sclerotic cardiovascular renal disease</u> ANTECEDENT CAUSES <u>General arterio-sclerosis</u> DUE TO (b) <u>hypertension</u> DUE TO (c) <u>hypertension - generalized</u> II. OTHER SIGNIFICANT CONDITIONS <u>hypertension - generalized</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>		19. DATE OF OPERATION	
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) <u>None</u>	
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>24 July 1878</u> , to <u>12 Mar, 1949</u> , that I last saw the deceased alive on <u>9 Mar, 1949</u> , and that death occurred at <u>9:00 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Dr. V. J. ...</u>		23b. ADDRESS <u>De Soto, Mo.</u>	
23c. DATE SIGNED <u>14 Mar 49</u>		24a. (BURIAL) CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar. 15 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Motherhead</u> ADDRESS <u>De Soto, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 15, 1949</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>	

ED

Health Officer No. 4
Lic Number 349-39
Issued 3-21-4

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.....

Andrew H. England

Student Embalmer No. 232

working under my personal supervision.

Student
Student Embalmer

Signed Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Osato MW

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.