

FILED NOV 14 1949

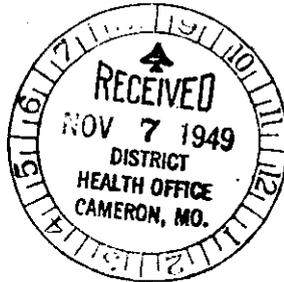
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33426**

BIRTH NO.		REG. DIST. NO. 49		PRIMARY REG. DIST. NO. 3380		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - 2 M.E. Stewartville		c. LENGTH OF STAY (In this place) 54 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Stewartville)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 2 mi. East on Hg 36			
3. NAME OF DECEASED a. (First) Marcus			b. (Middle) Bernice		c. (Last) Winger		4. DATE OF DEATH (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 13, 1874		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Lawson Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Griffin J. Winger			13b. MOTHER'S MAIDEN NAME Mary E. Wray		14. NAME OF HUSBAND OR WIFE Virginia H. Winger		
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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn Winger Stewartville Mo.			
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) Dilatation of Heart				INTERVAL BETWEEN ONSET AND DEATH 3 months	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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.				4243	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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) _____		21d. COUNTY (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 12, 1949 , to Oct 21, 1949 , that I last saw the deceased alive on Oct 21, 1949 , and that death occurred at 5 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. S. Hall m. Dr.				23b. ADDRESS Osborn Mo.		23c. DATE SIGNED Oct 23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-23-49		24c. NAME OF CEMETERY OR CREMATORY Stewartville		24d. LOCATION (City, town, or county) (State) Stewartville Mo.	
DATE REC'D BY LOCAL REG. 2-11-49		REGISTRAR'S SIGNATURE Loose Davidson		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Summerfield		ADDRESS Stewartville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 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 _____ ✓
Student Embalmer

Signed W. B. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.