

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40297

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1363

1. PLACE OF DEATH a. COUNTY <u>Buchannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CRANTON 25</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Camerton</u>	d. STREET ADDRESS (If rural, give location) <u>4th & Cherry</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>DAVE</u> b. (Middle) <u>WINMILL</u> c. (Last) <u>WINMILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 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>JULY 27 1874</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Fairport Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Winmill</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</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>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clyde Wood</u> ADDRESS <u>Camerton 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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage with h. hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		Interval <u>unknown</u>	
DUE TO (c) <u>Old puncturing colonomy</u>		Interval <u>6 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Laceration scalp from falling (wind) stone</u>		Interval <u>9 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none (except laceration suture)</u>		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) <u>351X</u>	
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 <u>3 Dec</u> , 19 <u>49</u> , to <u>12 Dec</u> , 19 <u>49</u> that I last saw the deceased alive on <u>12 Dec</u> , 19 <u>49</u> , and that death occurred at <u>12:15 p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thompson P. Oster M.D.</u>		23b. ADDRESS <u>731 Farson St. St. Joseph Mo.</u>	23c. DATE SIGNED <u>13 Dec 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>SAKALB CO. MO</u>
DATE REC'D BY LOCAL REG. <u>Dec. 14, 1949</u>	REGISTRAR'S SIGNATURE <u>K. B. Julian</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss</u> ADDRESS <u>CRUNK CAMERON MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Laurence J. Thompson

Signed _____
Student Embalmer

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.