

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43855

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3027		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Crystal City		c. LENGTH OF STAY (in this place) 0501		c. CITY (If outside corporate limits, write RURAL and give township) Crystal City		d. STREET ADDRESS (If rural, give location) 220 Chestnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓		3. NAME OF DECEASED a. (First) Edward		b. (Middle) M.		c. (Last) Winkler	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct. 31, 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) Watchman		10b. KIND OF BUSINESS OR INDUSTRY P.P. Glass Co.		11. BIRTHPLACE (State or foreign country) Perry, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Winkler		13b. MOTHER'S MAIDEN NAME Helen Meyers		14. NAME OF HUSBAND OR WIFE Pauline Winkler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 31		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edward Winkler			
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) Pulmonary Edema. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atrial Fibrillation DUE TO (c) Sclerosis and Tuberculosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 2 or 3 Mo. Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		ADDITIONAL SUPPLEMENTARY INFORMATION			
22. I hereby certify that I attended the deceased from July, 1949, to 12-23, 1949, that I last saw the deceased alive on 12-23, 1949, and that death occurred at 8:52 P.M., from the causes and on the date stated above.							
23a. SIGNATURE R.A. D. ...				23b. ADDRESS Crystal City, Mo.		23c. DATE SIGNED 12-27-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 26, 1949		24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Crystal City, Mo.	
DATE REC'D BY LOCAL REG. 12/29/49		REGISTRAR'S SIGNATURE Wesley ...		25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. ...		ADDRESS Crystal City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-25-50

MISSOURI
1-25-50

MISSOURI
1-25-50

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

Gentry R. Palitta

Licensed Embalmer No.

3481

P. O. Address

Crystal City

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.