

STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1950

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5727** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Narrows Township		c. CITY (If outside corporate limits, write RURAL and give township) Rural Narrows	
c. LENGTH OF STAY (in this place) 7 1/2 yrs		d. STREET ADDRESS (If rural, give location) R.F.D. # 1 Macon	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 1 Macon		d. STREET ADDRESS (If rural, give location) R.F.D. # 1 Macon	

3. NAME OF DECEASED (Type or Print) Effie Hockett Winkler			4. DATE OF DEATH (Month) (Day) (Year) Jan 24 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 23 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 7 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY School Teacher	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jonathan Hockett	13b. MOTHER'S MAIDEN NAME Louisa Coagshell	14. NAME OF HUSBAND OR WIFE C.E. Winkler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME Thomas Winkler ADDRESS Macon, Mo.

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) Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH Jan. 23 '49
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tachycardia with toxicity DUE TO (c) regurgitation, necrosis in abdominal cavity		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			14

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?

22. I hereby certify that I attended the deceased from **November 23, 1949**, to **Jan 24th**, 1950, that I last saw the deceased alive on **Jan 24th**, 1950, and that death occurred at **7:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Roy Carroll (Degree or title) D.O.	23b. ADDRESS Macon, Missouri	23c. DATE SIGNED 1/25/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 27, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Salem
24d. LOCATION (City, town, or county) R.F.D. Excelsior Mo.		(State)

DATE REC'D BY LOCAL REG. 2/9/50	REGISTRAR'S SIGNATURE W. M. Neely 1950	25. FUNERAL DIRECTOR'S SIGNATURE Stephens & Gooding ADDRESS Macon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1950

RECEIVED 2/14/50

MACON COUNTY HEALTH DEPARTMENT

County File No. 2/50/91

Date Filed 2/15/50

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

Charles L. Hutton

Licensed Embalmer No.

4577

P. O. Address

Macon, 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.