

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17790

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4426 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY: <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Fair Play,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Fair Play</u> <u>6840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2 1/2 mi. N. of Fairplay</u>		d. STREET ADDRESS (If rural, give location): <u>2 1/2 mi. N. of Fairplay</u>	
3. NAME OF DECEASED (Type or Print) a. (First): <u>William</u> b. (Middle): <u>C.</u> c. (Last): <u>Winton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1950</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>Mar. 27 1857</u>
9. AGE (In years last birthday): <u>93</u>		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): <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY: _____	11. BIRTHPLACE (State or foreign country): <u>Cedar County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY?: <u>U.S.A.</u>		13a. FATHER'S NAME: <u>Anderson C. Winton</u>	
13b. MOTHER'S MAIDEN NAME: <u>Elizabeth Gilliland</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME: <u>Mark R. Winton</u> ADDRESS: <u>Fair Play, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES 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.	
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): _____	
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) (Min.): _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>May 19 1950</u> , 19____, that I last saw the deceased alive on <u>May 19 1950</u> . That death occurred at <u>4:00 P.M.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE: <u>[Signature]</u> (Degree or title): _____		23b. ADDRESS: <u>Bolivar, Mo.</u>	
23c. DATE SIGNED: _____		24a. BURIAL CREMATION, REMOVAL (Specify): <u>Burial</u>	
24b. DATE: <u>5-21-1950</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Hopkins Cemetery</u>	
24d. LOCATION (City, town, or county) (State): <u>Fair Play Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE: <u>[Signature]</u> ADDRESS: <u>Bolivar Mo</u>	
DATE REC'D BY LOCAL REG.: <u>May 26, 1950</u>		REGISTRAR'S SIGNATURE: <u>[Signature]</u>	

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

1846

7/10

RECEIVED 5-29-50
District Health Officer No. 7,
District File Number 450-576
Date Filed 5-29-50

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 *Chas Jester*
Licensed Embalmer No. 4154
P. O. Address *Bolivar, Md*

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.