

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL TRENTON TWP</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL</u> <u>0400</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.7D #2, TRENTON, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.7D #2, TRENTON, MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIROIL</u> b. (Middle) <u>LEE</u> c. (Last) <u>WINGATE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 5, 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u>	
8. DATE OF BIRTH <u>Sept. 25, 1881</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR <u>5</u> MONTHS <u>10</u> DAYS <u>1</u> HOUR <u>1</u> 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 <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>JAMES H. Wingate</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA HUSTIN</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Wingate</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>NO W.S.</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Edith Wingate, R7D #2 Trenton, 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>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive Heart Disease</u>		
		DUE TO (c) <u>and Arteriosclerosis</u>		
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 <u>4201</u>		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) (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 7-25-, 1942, to 3-5-, 1951, that I last saw the deceased alive on 2-5-, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Trenton, MO</u>		23c. DATE SIGNED <u>3-6-1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 8 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Param Creek Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Linn County MO</u>	

DATE REC'D BY LOCAL REG. <u>3/8/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>115</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Davis-Blackmore, Trenton, MO</u>	
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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 _____

Doyle E. Williamson

working under my personal supervision.

Student Embalmer No. 422

Signed *Doyle E. Williamson*
Student Embalmer

Signed *Rayne A. Davis*

Licensed Embalmer No. 3424

P. O. Address Drenton, Md.

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.