

No. 306
10-48

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REG # 93293

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15101

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1095

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO.
c. LENGTH OF STAY (in this place) 9 DAYS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY LINCOLN
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELSBERRY 0570
d. STREET ADDRESS NONE (If rural, give location) 1

3. NAME OF DECEASED
a. (First) WILLIAM b. (Middle) T. c. (Last) VAN WINKLE

4. DATE OF DEATH (Month) (Day) (Year) APRIL 24, 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 11-26-67

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 4 Days 28 IF UNDER 12 HOURS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, none if retired) RETIRED-FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARIAN, ARKANSAS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILEY R. VAN WINKLE

13b. MOTHER'S MAIDEN NAME MATILDA E. HOWARD

14. NAME OF HUSBAND OR WIFE LENA T. VAN WINKLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give way and dates of service) SPAW

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS

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) CARDIAC INSUFFICIENCY
ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 8 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 420.0

20. AUTOPSY? YES NO

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) VA 1 m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16-51, 19, to 4-24-51, 19, and that death occurred at 9:35P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.

23b. ADDRESS VET ADM HOSP, JEFF BRKS MO

23c. DATE SIGNED 4-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-25-51

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Elsberry, Mo.

DATE REC'D BY LOCAL REG. 4-25-51 REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

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.

Student

Student Embalmer

Signed

J. Wm. Dantley

Licensed Embalmer No. 3653

P. O. Address

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.