

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24074

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 120

1. PLACE OF DEATH a. CITY PULASKI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Pulaski	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WAYNESVILLE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richland	
d. FULL NAME OF HOSPITAL OR INSTITUTION DeWitt Hospital		d. STREET ADDRESS (If rural, give location) Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) NEWMAN c. (Last) WINKLE			4. DATE OF DEATH July 31st-1951 (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JUNE 30.	9. AGE (In years last birthday) 82.	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) _____		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Winkler		13b. MOTHER'S MAIDEN NAME Martha Cunningham		14. NAME OF HUSBAND OR WIFE Joseph Winkler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gene Winkler ADDRESS Richland 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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		DUPLICATE OF (b) arteriosclerosis				1 week	
DUPLICATE OF (c) old age		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 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 1946 to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Louis L. Myers D.O. (Degree or title)		23b. ADDRESS Richland Mo		23c. DATE SIGNED Aug 8-51	
24a. BURIAL, CREMATION, OR REMOVALS (Specify) Buried		24b. DATE Aug 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	
				24d. LOCATION (City, town, or county) (State) Richland Mo.	

DATE REC'D BY LOCAL REG. 8-9-51		REGISTRAR'S SIGNATURE Outgave Anderson		25. FUNERAL DIRECTOR'S SIGNATURE B. B. Deeper ADDRESS Richland	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 29 1951

RECEIVED 8-9-51
Pulaski County Health Officer
File Number
Date Filed 8-11-51

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

W. J. Deeper

Licensed Embalmer No. 3198

P. O. Address

Richland

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.