

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42848

DEC 18 1952

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>417</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal</u>		c. LENGTH OF STAY (in days) <u>20</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		<u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>302 E. Rock St.</u>			
3. NAME OF DECEASED a. (First) <u>Bert</u> (Type or Print)			b. (Middle) <u>(initials)</u>		c. (Last) <u>Winner</u>		4. DATE OF DEATH (Month) <u>12</u> - (Day) <u>13</u> - (Year) <u>1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-23-1887</u>		9. AGE (in years last birthday) <u>65</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 5 YRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wabash Railroad</u>			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Albert Winner</u>			13b. MOTHER'S MAIDEN NAME <u>Anna McCartney</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. C E Billings (Sister)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, state year or date of service) <u>WW No 1</u>		16. SOCIAL SECURITY NO. <u>WW No 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C E Billings</u> ADDRESS <u>Wichita, Kan</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>None</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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)		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 <u>12/13/52</u> , to <u>12/13/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/13/52</u> , 19 <u>52</u> , and that death occurred at <u>1:55a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>12/15/52</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>12-16-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>1/15/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hannibal, Mo.</u>	

(Licensed Embalmers' Statements on Reverse Side)

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

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RECEIVED DEC 18 1952
MARION CO. HEALTH DEPT.
DATE FILED DEC 16 1952

STATEMENT BY LICENSED EMBALMER

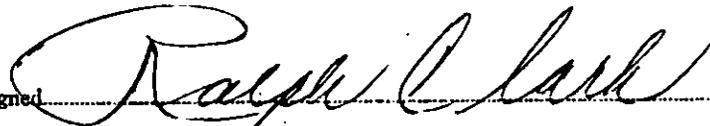
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4217

Hannibal, Mo.

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.

