

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38618**

In *Ravenoway*
FILED **NOV 30 1953**

REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **3017** Registrar's No. **134**

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Liberty Twp, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harris Rest Home		d. STREET ADDRESS (If rural, give location) 10 miles east of Sweet Springs Mo	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Austin c. (Last) Wingfield		4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 15, 1876
9. AGE (In years last birthday) 77		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Hardon Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lewis M. Wingfield		13b. MOTHER'S MAIDEN NAME Margaret Taylor	
14. NAME OF HUSBAND OR WIFE SARA Wingfield		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME MARVIN Wingfield ADDRESS Sweet Springs, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic hypertrophy 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 None		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) Boonville Mo. Saline CO. Missouri	
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 Nov 10 , 19 53 , to Nov 22 , 19 53 , that I last saw the deceased alive on Nov 22 , 19 53 , and that death occurred at 4 1/2 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Marvin Ravenoway MD		23b. ADDRESS Boonville Mo.	
23c. DATE SIGNED 11.24.53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE Nov. 25 1953		24c. NAME OF CEMETERY OR CREMATORY Hazel Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Saline CO. Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Edmond T. Moseley ADDRESS Sweet Springs, Mo	
DATE REC'D BY LOCAL REG. 11/24/53		REGISTRAR'S SIGNATURE D. Hooper 371	

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 Edgar L. Moseley

Licensed Embalmer No. 4711

P. O. Address Sweet Springs Mo

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.