

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29463

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4867 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>		c. CITY OR TOWN <u>Ste. Genevieve</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 Yrs</u>		e. STREET ADDRESS (If rural, give location) <u>304 St. Marys Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>304 St. Marys Road</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>JOHN</u>	b. (Middle) <u>WELEY</u>	c. (Last) <u>WINCH</u>	<u>August 16 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 7, 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Fredericktown, Mo</u>	
13a. FATHER'S NAME <u>Adam Winch</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Oden</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eldera Winch Ste. Genevieve, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dehydration</u>		II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES <u>Ch. Valvular Heart Disease</u>		DUE TO (b) <u>Chronic Bronchitis</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Pulmonary Tuberculosis</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			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) (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 May 1934 to Aug 16, 1954, that I last saw the deceased alive on Aug 15, 1954, and that death occurred at 1:30 P.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Lapinski, M.D.</u>	23b. ADDRESS <u>Ste. Genevieve, Mo</u>	23c. DATE SIGNED <u>8-17-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Coffman - Mo</u>		

DATE REC'D BY LOCAL REG. <u>8-17-1954</u>	REGISTRAR'S SIGNATURE <u>Luella Barber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene H. Santa</u>	ADDRESS <u>Ste. Genevieve, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 381

P. O. Address St. Charles

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.