No. 300
10.48

FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37872

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 218

0582 4

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knox Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN: Lebanon
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Rural Route # 4 0582 0

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): A.
c. (Last): Winner

4. DATE OF DEATH (Month) (Day) (Year): Dec. 6 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 6, 1884
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 6 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Presser
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Caldwell County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Albert Winner
13b. MOTHER'S MAIDEN NAME: Anna McCartney
14. NAME OF HUSBAND OR WIFE: Bessie Winner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 493-12-5854
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Bessie Winner
ADDRESS: Lebanon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous attack — 2 years.
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:
19b. MAJOR FINDINGS OF OPERATION: 331 X
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) 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* Nov., 1954, *to* Dec. 6, 1954, *that I last saw the deceased alive on* 12-3, 1954, *and that death occurred at* 9:20a m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Carrington
(Degree or title): M.D.
23b. ADDRESS: Lebanon, Mo.
23c. DATE SIGNED: 12-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/8/54
24c. NAME OF CEMETERY OR CREMATORY: Lebanon City Cemetery
24d. LOCATION (City, town, or county) (State): Lebanon Missouri

DATE REC'D BY LOCAL REG.: 12-8-1954
REGISTRAR'S SIGNATURE: Nella L. Hay
25. FUNERAL DIRECTOR'S SIGNATURE: Holman Funeral Home
ADDRESS: Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received 12-11-54
Laclede County Health Unit
File No. 211
Date Filed 12-11-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dersey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.