

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4331**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **86** PRIMARY REG. DIST. NO. **5329** Registrar's No. **1-1955**

1. PLACE OF DEATH  
 a. COUNTY **Crawford**  
 b. CITY (If outside corporate limits, write RURAL and give township) **Cuba "Rural" Oakhill** c. LENGTH OF STAY (in this place) **40 yrs**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **AT Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **Crawford**  
 c. CITY (If outside corporate limits, write RURAL and give township) **Cuba "Rural" Oakhill**  
 d. STREET ADDRESS (If rural, give location) **0280**

3. NAME OF DECEASED  
 a. (First) **EFFIE** b. (Middle) **Isabelle** c. (Last) **Winkelmann**  
 4. DATE OF DEATH (Month) (Day) (Year) **Feb. 4 - 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **OCT - 9 - 1894** 9. AGE (In years last birthday) **60** IF UNDER 1 YEAR: Months **3** Days **25** IF UNDER 24 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (State or foreign country) **heasburg Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **A. Fred Carlisle** 13b. MOTHER'S MAIDEN NAME **MATTIE Weatherly** 14. NAME OF HUSBAND **Ed. Winkelmann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME  ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Acute Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **2 Hours**  
 ANTECEDENT CAUSES **Arteriosclerosis** DUE TO (b) **Arteriosclerosis** **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 **4201** 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 **Feb 4, 1955**, to **Feb 4, 1955**, that I last saw the deceased alive on **never, 19**, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert W. Crawford, Sr.** 23b. ADDRESS **Sullivan Mo.** 23c. DATE SIGNED **Feb 6 - 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **February 7-55** 24c. NAME OF CEMETERY OR CREMATORY **Hodge Cemetery** 24d. LOCATION (City, town, or county) (State) **Cuba MO**

DATE REC'D BY LOCAL REG. **2-7-1955** REGISTRAR'S SIGNATURE **L. A. Shanley 312** 25. FUNERAL DIRECTOR'S SIGNATURE **Norman E. Hoener** ADDRESS **Cuba, MO.**

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

0280

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.....

*Norman C. Hoener*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4673*

P. O. Address *Albany, Missouri*

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.