

FILED JUL 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21463**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5234** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) West Peculiar Twp.		c. CITY OR TOWN West Peculiar Twp.	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) 10 yrs.		e. STREET ADDRESS (If rural, give location) West Peculiar Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Peculiar Twp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Samuel	b. (Middle) Alexander	c. (Last) Winchel	4. DATE OF DEATH (Month) (Day) (Year) July 17, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 4, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer-retired	10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (City and State or Foreign Country) (town unknown) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Margie Winchel
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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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Craycraft ADDRESS Peculiar, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIABETES MELITUS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIAC COLLAPSE DUE TO (c) ARTERIAL HYPERTENSION		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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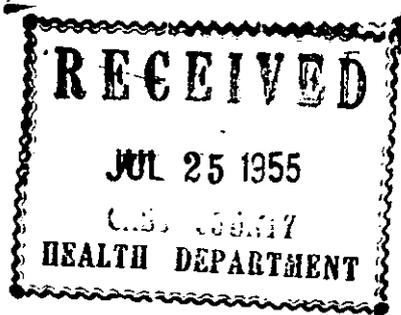
22. I hereby certify that I attended the deceased from **4-4-55** to **7-17-55**, that I last saw the deceased alive on **7-16-55**, and that death occurred at **5 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David Strong M.D.	23b. ADDRESS Hannover, Mo.	23c. DATE SIGNED 7-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/19/55	24c. NAME OF CEMETERY OR CREMATORY West Union Cemetery	24d. LOCATION (City, town, or county) (State) Peculiar (R.F.D. 1) Mo.
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DATE REC'D BY LOCAL REG. July 19, 1955	REGISTRAR'S SIGNATURE Dora Barwood	457-4	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Stanley ADDRESS Pleasant Hill Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *Allen Benford*.....

Licensed Embalmer No. 378

P. O. Address *Plum...*

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.