

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39629

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>4040</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>			c. LENGTH OF STAY (in this place) <u>30 yrs</u>						
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp Mo</u>				d. STREET ADDRESS (If rural, give location) <u>0000</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION -----									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u>			b. (Middle) <u>---</u>		c. (Last) <u>Winkelmeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7th 1955</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>March 10th 1884</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR <u>8</u> Months IF UNDER 24 HRS. <u>27</u> Days Hours <u>---</u> Mins. <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Monuments</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Henry Winkelmeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Buscher</u>			14. NAME OF HUSBAND OR WIFE <u>Augusta Winkelmeyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-12-1869</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Augusta Winkelmeyer</u>			ADDRESS <u>Cole Camp Mo</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>growing thrombosis</u> DUE TO (c) <u>Cardiomyopathy Congestiva</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u> <u>6 hrs</u>	
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) m.		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 <u>Dec 7</u> , 1955, to <u>Dec 7</u> , 1955, that I last saw the deceased alive on <u>Dec 7</u> , 1955, and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Harold B. Wickert</u>				23b. ADDRESS <u>Cole Camp, Mo</u>				23c. DATE SIGNED <u>12/1/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 11th 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Dec 11, 1955</u>		REGISTRAR'S SIGNATURE <u>E L. Richeroff</u> <u>394</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B L. Richeroff Cole Camp Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed

*E. L. Eickhoff*

Licensed Embalmer No. ....

730

P. O. Address Cole Camp No .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.