

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33153**

BIRTH NO. _____ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **4045** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY OR TOWN Ashland	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Ashland	d. Is Residence within limits of a city or incorporated town? Yes No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Ashland		e. STREET ADDRESS (If rural, give location) Ashland 0100	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Monroe c. (Last) Winfrey	4. DATE OF DEATH (Month) (Day) (Year) Oct. 20 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 5 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 7 Days 15	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	11. BIRTHPLACE (City and State or Foreign Country) Ashland Missouri	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Winfrey	13b. MOTHER'S MAIDEN NAME Mollie Wilson	14. NAME OF HUSBAND OR WIFE Bertie Winfrey
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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. //////	17. INFORMANT'S SIGNATURE OR NAME Bertie Winfrey ADDRESS Ashland Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic H.D.		300 4/8
	ANTECEDENT CAUSES DUE TO (b) Arterio sclerosis - general. DUE TO (c) Severity - atony of the bladder		10yrs +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 months

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) 4200
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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?
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22. I hereby certify that I attended the deceased from **1950**, 19____, to **1956**, 19____, that I last saw the deceased alive on **19 Oct - , 1956**, and that death occurred at **4:55A** m., from the causes and on the date stated above.

23a. SIGNATURE Mildred Burnett (Degree or title) M.D.	23b. ADDRESS Ashland - Mo	23c. DATE SIGNED 20 Oct 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 21 1956	24c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery	24d. LOCATION (City, town, or county) (State) Ashland Missouri
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DATE REC'D BY LOCAL REG. Oct 20 - 56	REGISTRAR'S SIGNATURE Mrs Mildred Burnett	25. FUNERAL DIRECTOR'S SIGNATURE W. E. Burnett ADDRESS Ashland Mo
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

270

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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..... *W^m E. Burnett*

Licensed Embalmer No. *2567*

P. O. Address *Ashland,*

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.