FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24225

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 775

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Johns Hosp. — Length of stay in 1b: 1 Week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Richland — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS RFD#1 (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First EMMA Middle MAUD Last WINFREY

4. DATE OF DEATH: Month Aug. Day 1 Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 18 Dec. 1883

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — 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 (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Dave Moulder

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: W.F.Winfrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: John Winfrey Address: 441 Park Rd. Webster Grove, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Rheumatic heart disease with aortic stenosis, aortic insufficiency and cardiac decompensation.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Several years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 411X.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1948, to 8/1/57 and last saw him alive on 7/31/57
Death occurred at 6:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glen O. Turner (Degree or title) M.D.

22b. ADDRESS 609 Cherry Springfield, Missouri

22c. DATE SIGNED 8-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

23b. DATE 8-1-57

23c. NAME OF CEMETERY OR CREMATORY: Lebanon Cemetery

23d. LOCATION (City, town, or county) (State): Lebanon, Missouri

24. FUNERAL DIRECTOR: J.W. Klingner & Co. ADDRESS: Spgfd. Mo.

25. DATE RECD. BY LOCAL REG.: 8-1-57

26. REGISTRAR'S SIGNATURE: Faith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Glen D. Williams

Licensed Embalmer No. 465 1

P. O. Address Springfield Mo

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.