Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45115
STATE FILE NUMBER

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Brumley — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Brumley — Length of stay in 1b: Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Miller
c. CITY OR TOWN: Brumley 0660 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): Brumley — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Walter Middle: Last: Winfrey
4. DATE OF DEATH: Month: Dec. Day: 14 Year: 1957.
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 21 April 1878
9. AGE (In years last birthday): 79
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): Retired-Mail-Carrier-
10b. KIND OF BUSINESS OR INDUSTRY: US-Mail
11. BIRTHPLACE (City and state or country): Miller-Co-Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Lewis-Winfrey
14. MOTHER'S MAIDEN NAME: Mary Carnes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Spanish-Am.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Vernettie-Winfrey- Address: Brumley 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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary sclerosis — years.
DUE TO (c): Generalized arteriosclerosis — years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): None
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year: None
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.): None
20f. CITY, TOWN, OR LOCATION: None COUNTY STATE

21. I attended the deceased from Nov. 15 1957 to Dec 14 1957 and last saw ~~her~~ him alive on Dec 14th 1957.
Death occurred at 11:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. A. Gould (Degree or title) D.O.
22b. ADDRESS: Iberia-Mo
22c. DATE SIGNED: 16 Dec-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 17 Dec-57
23c. NAME OF CEMETERY OR CREMATORY: Hawkins-
23d. LOCATION (City, town, or county) (State): Miller-Co-Mo
24. FUNERAL DIRECTOR: Keith M. Kays ADDRESS: Eldon Mo
25. DATE RECD. BY LOCAL REG.: Dec. 16, 1957
26. REGISTRAR'S SIGNATURE: Jessie Perkins

(Licensed Embalmer's Statement on Reverse Side)

195 0

RECEIVED
DEC 23 '57
Miller County
Health Department
JAN 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Keith M. Kayser

Licensed Embalmer No. 399

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.