FILED MAR 11 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-008470
STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Saline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Slater 0971 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 305 E. Emma — Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 305 E. Emma — Reside on Farm XXXX No [X]

3. NAME OF DECEASED (Type or print)	First: OTIS	Middle: GUY	Last: VAN WINKLE	4. DATE OF DEATH Month Day Year: March 3, 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: March 7, 1890	9. AGE (In years last birthday): 67 — 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): Hospital Attendant	10b. KIND OF BUSINESS OR INDUSTRY: State Hospital Marshall, Mo.	11. BIRTHPLACE (City and state or country): Norton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Jesse Van Winkle	13b. MOTHER'S MAIDEN NAME: Sara Norvell	14. NAME OF HUSBAND OR WIFE: Melvina Van Winkle		
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.: 496-05-0488	17. INFORMANT Address: Mrs. Otis Van Winkle, Slater, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral embolis	5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary disease & Angina	3 yr.
DUE TO (c)	Pectoris	12 hrs.

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] 2

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 Mar. 3, 1958, to Mar. 3, 19 and last saw him alive on Mar. 3, 1958
Death occurred at 11:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. A. McGurney, M.D.	22b. ADDRESS: Slater, Mo.	22c. DATE SIGNED: 3/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3/6/1958	23c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens	23d. LOCATION (City, town, or county) (State): Marshall, Mo.
24. FUNERAL DIRECTOR ADDRESS: W. J. Haines, Jr., Slater, Mo.	25. DATE RECD. BY LOCAL REG.: 3-6-58	26. REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be caused by ...

120

X

MAR 14 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 455

P. O. Address Slater, M

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