

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024303
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 50

5. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY SHELBY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO MISSOURI COUNTY SHELBY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SHELBYNA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 10200		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 2 YEARS	d. STREET ADDRESS SALT RIVER TWSP.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHRISTIAN JOE WINKLER			4. DATE OF DEATH JUNE 21, 1958 Month Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 28, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (City and state & country) SPRING BAY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN WINKLER		13b. MOTHER'S MAIDEN NAME SOPHIA BIRD		14. NAME OF HUSBAND OR WIFE PAULINE WINKLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-42-0896	17. INFORMANT Address MRS. CHRISTIAN WINKLER, SHELBYNA, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary insufficiency					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 arteriosclerosis					3 years
DUE TO (c) 4201					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan 1956 to June 1958 and last saw ^{him} alive on June 17, 1958 Death occurred at 7:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Chas. A. Lichty, M.D. (Degree or title)			22b. ADDRESS Shelbyna, Mo.		22c. DATE SIGNED 6/23/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 24, 1958	23c. NAME OF CEMETERY OR CREMATORY SHELBYNA CEMETERY		23d. LOCATION (City, town, or county) (State) SHELBYNA, MISSOURI
24. FUNERAL DIRECTOR HAYES FUNERAL HOME - SHELBYNA, MO			25. DATE RECD. BY LOCAL REG. June 24 - 58	26. REGISTRAR'S SIGNATURE Ada Garrison	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Paul E. Hayden*

Licensed Embalmer No. *4461*

P. O. Address *S. Hellman*

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.