

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

58-032045  
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 70 Primary Registration District No. 11124 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ma.</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kahoka, Mo.</u>		c. CITY OR TOWN <u>Kahoka</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>272 West Thompson</u>		d. STREET ADDRESS (If outside, give location) <u>272 W. Thompson</u>	
Length of stay in 1b <u>14 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>William</u> Last <u>Winkler</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>22</u> Year <u>1958</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 7, 1882</u>	9. AGE (In years, last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and state or country) <u>Wenchester, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry Winkler</u>	13b. MOTHER'S MAIDEN NAME <u>Condra Seabold</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Winkler</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>x Anna Winkler - Kahoka, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
	DUE TO (c) <u>4200</u>	
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.)
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20c. TIME OF INJURY Hour <u>12</u> a.m. <u>30</u> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>Kahoka, Mo.</u>	COUNTY	STATE
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21. I attended the deceased from <u>8-16-58</u> to <u>9-22-58</u> and last saw <sup>her</sup> him alive on <u>9-22-58</u> Death occurred at <u>12:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>J. D. Manning, D.O.</u> (Degree or title)	22b. ADDRESS <u>Kahoka, Mo.</u>	22c. DATE SIGNED <u>9-23-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Sept 23, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kahoka, Mo.</u>
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24. FUNERAL DIRECTOR <u>Otis L. Lutting</u>	ADDRESS <u>Kahoka, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10/8-58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

OCT 28 1956

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 ..... *John Bolin* .....

Licensed Embalmer No. *5035* .....  
P. O. Address: *Bahama, 71* .....

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.