

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018447

STATE FILE NUMBER

FILED MAY 28 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hosp.</b>		Length of stay in 1b <b>DOA</b>	d. STREET ADDRESS (If outside, give location) <b>2510 Broadway</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>Charles</b> Last <b>Winegar</b>			4. DATE OF DEATH Month <b>5</b> Day <b>16</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-11-1915</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Oakwood, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13. FATHER'S NAME <b>James Winegar</b>			14. MOTHER'S MAIDEN NAME <b>Mollie Turner</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Thelma Winegar Hannibal, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarct</b>					INTERVAL BETWEEN ONSET AND DEATH <b>unable to determine</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>obesity</b>					19. WAS AUTOPSY PERFORMED? <b>2</b> 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 _____ a. m. _____ p. m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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 <b>5-16-59</b> to <b>5-16-59</b> and last saw her alive on <b>D. O. A?</b> Death occurred at <b>11:45 AM.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Roland Lanning M.D.</i>			22b. ADDRESS <b>115 N. 5th St. Hannibal, Mo.</b>		22c. DATE SIGNED <b>5-22-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-19-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Novinger Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Novinger, Mo.</b>		
24. FUNERAL DIRECTOR <i>Ralph Clark, Hannibal, Mo.</i>		ADDRESS	25. DATE REC'D. BY LOCAL REG. <b>5-26-59</b>	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke by W. C. Fisher</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00:56

DATE FILED MAY 27 1938

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  .....

Licensed Embalmer No. .... 42

P. O. Address ..... Hannibal

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