

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH *62-20-10-10* -60-000798

FILED VS FEB 15 1960 *77*

Registration District No. _____ Primary Registration District No. *3016* Registrar's No. *50*

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Cole</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Osage</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jefferson City, Mo.</i>		Length of stay in 1b		c. CITY OR TOWN <i>Richfountian, Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Marys Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>—</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>JOSEPH</i> Middle <i>HENRY</i> Last <i>WINKELMANN</i>			4. DATE OF DEATH (2/7/60) <i>Feb 7 1960</i>			Month <i>Feb</i> Day <i>7</i> Year <i>1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>2/2/88</i>	9. AGE (last birthday) <i>72</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>5</i> Hours <i>—</i> Min. <i>—</i>	IF UNDER 24 HR Hours <i>—</i> Min. <i>—</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Catholic Priest</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Westphalia, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13a. FATHER'S NAME <i>Stephan Winkelmann</i>			13b. MOTHER'S MAIDEN NAME <i>Angeline Keckenmeyer</i>			14. NAME OF HUSBAND OR WIFE <i>None</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes War I</i>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Bernadine Winkelmann Richfountia</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>							INTERVAL BETWEEN ONSET AND DEATH <i>week</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>2 influenza</i>							DUE TO (c) <i>And Generalized arteriosclerosis</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerosis Heart disease</i>							PART III. If deceased <input checked="" type="checkbox"/> female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ 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 <i>Sept 1954</i> to <i>Feb 7, 1960</i> and last saw him alive on <i>2/7/1960</i> Death occurred at _____ <i>7:10 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Frank J. Muench M.D. J.C. Mo.</i>				22b. ADDRESS <i>Richfountian, Mo.</i>				22c. DATE SIGNED <i>2/12/60</i>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>2/10/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cred Heart</i>		23d. LOCATION (City, town, or county) (State) <i>Richfountian, Mo.</i>				
24. FUNERAL DIRECTOR ADDRESS <i>Sylvester Dulle J.C. Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>13 February 1960</i>		26. REGISTRAR'S SIGNATURE <i>R.P. Darric, M.D. - N. Richter, Reg.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

YS MAR 17 1960

JUN 1 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sydney D. Diller

Licensed Embalmer No. 4321

P. O. Address Jefferson

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