MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 17 1960

60-020568
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 190

1. PLACE OF DEATH
a. COUNTY: Saint Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre, Mo.
Length of stay in 1b: Sev. days
c. FULL NAME OF HOSPITAL OR INSTITUTION: Bonne Terre Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St. Francois
c. CITY OR TOWN: Flat River, Mo
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 220 Federal Ave
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George Middle: S Last: Wininger

4. DATE OF DEATH: Month: May Day: 10 Year: 1960

5. SEX: male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/5/1880

9. AGE (last birthday): 80

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tiner

10b. KIND OF BUSINESS OR INDUSTRY: County Court

11. BIRTHPLACE (City and state or country): Scott Count; Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Samuel G. Wininger

13b. MOTHER'S MAIDEN NAME: Mary Bunch

14. NAME OF ~~HUSBAND OR~~ WIFE: Arabel Wallace

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.: 493-05-0075

17. INFORMANT: Son: Clinton S. Wininger; Address: Flat River, 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): Arteriosclerotic heart disease with coronary insufficiency

INTERVAL BETWEEN ONSET AND DEATH: over 10 yrs.

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 1958, to 5/10/60 and last saw ~~her~~ him alive on 5/10/60
Death occurred at 12:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: Bonne Terre, Mo.

22c. DATE SIGNED: 5/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: May 13, 1960

23c. NAME OF CEMETERY OR CREMATORY: St Francois Memorial

23d. LOCATION (City, town, or county) (State): Bonne Terre, Mo.

24. FUNERAL DIRECTOR: Alvin W. Hood ADDRESS: Flat River Mo.

25. DATE RECD. BY LOCAL REG.: May 13, 1960

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Albino W Hood

Licensed Embalmer No. 2780

P. O. Address_____

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