

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012962

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 141

AMENDED

FILED APR 17 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cape Girardeau</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> c. DISTRICT <b>1</b> d. CITY OR TOWN <b>Cape Girardeau</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Cape Girardeau</b>  |   | Length of stay in 1b<br><b>1 hour</b>   | c. CITY OR TOWN <b>Cape Girardeau</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Southeast Mo. Hosp.</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>844 No. Henderson</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) <b>ALBERT WINKLER</b>  |   |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>3</b> Year <b>1961</b>   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                                       | 8. DATE OF BIRTH<br><b>4/14/1881</b>   |
| 9. AGE (last birthday)<br><b>80</b>   |   | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Highway Work</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Kurreville, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>William Winkler</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Caroline Schmidt</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Addie Twidwell</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 17. INFORMANT<br>Address<br><b>Edgar Winkler, Jackson, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Arteriosclerotic heart disease</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 hrs</b><br><b>2 1/2 Days</b>  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____<br>a.m. _____ p.m. _____<br>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>4/21/60</b> to <b>4/3/61</b> and last saw him <sup>her</sup> alive on <b>1-14-61</b>  |   | Death occurred at <b>2:50</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |  |
| 22a. SIGNATURE<br><i>William Winkler, M.D.</i> (Degree or title)  |   | 22b. ADDRESS<br><b>24 N. Sprigg St.<br/>Cape Girardeau, Missouri</b>  | 22c. DATE SIGNED<br><b>4/8/61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>4/6/1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Russell Heights</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Jackson, Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>McCombs Funeral Home</b>   |   | ADDRESS<br><b>Jackson, Mo.</b>  | 25. DATE RECD. BY LOCAL REG. <b>4-11-61</b>  |
|   |   | 26. REGISTRAR'S SIGNATURE<br><i>Gene Kasten</i>   |  |

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 Bruce Lockins

Licensed Embalmer No. 5097

P. O. Address Jackson, Mo

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.