

FILED OCT 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34660

Star File No. 24

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 24 PRIMARY REG. DIST. NO. 346 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived, or if institution: institution before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY OR TOWN <u>Clarksburg</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Latham Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>No street numbers</u> 0680	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Calvin</u> c. (Last) <u>Winebrenner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18th. 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED/NEVER MARRIED/ WIDOWED/DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 24, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	9. AGE (In years) (Months) (Days) <u>55</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Clarksburg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dallas Winebrenner</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie May Dilse</u>	13c. NAME OF HUSBAND OR WIFE <u>Pearl Winebrenner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-07-8107</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Pearl Winebrenner, Clarksburg, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMPHYSEMA</u>		INTERNAL/BETWEEN ORGANS/DEATH IN <u>3 YEARS.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BRONCHIAL ASTHMA</u>		<u>30 YEARS.</u>	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not of related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>241X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (If on or about home, farm, factory, street, office bldg, school) _____	
21c. (CITY/TOWN/ OR/ TOWNSHIP) P _____ (COUNTY) Y _____ (STATE) E _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>SEPT. 1, 1954, to</u> <u>OCT 18, 1954</u> , that I last saw the deceased alive on <u>OCT. 18, 1954</u> , and that death occurred at <u>10:30 p.m.</u> from the causes (and on the date) stated above.			
23a. SIGNATURE (Name or title) <u>Leon M. Gallagher M.D.</u>		23b. ADDRESS <u>California Mo.</u>	
23c. DATE SIGNED <u>10-19-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 21, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) <u>Clarksburg, Missouri</u>	
DATE REC'D BY LOCAL REG <u>10/21/54</u>		REGISTRAR'S SIGNATURE <u>N. H. Hape</u> 506	
25. FURNERAL DIRECTOR'S SIGNATURE <u>James E. Fisher</u>		ADDRESS <u>Lyons, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 5

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 *Jewell-E-Richard*.....
Licensed Embalmer No. *246*.....
P. O. Address *Lipton*.....

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.