

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5796 (State File No.) 39760

FILED NOV 17 1953

BIRTH NO. REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1 mile N. Clarksburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osage Beach, Missouri 0150	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) No street numbers	
d. FULL NAME OF HOSPITAL OR INSTITUTION One Mile North Clarksburg			

3. NAME OF DECEASED (Type or Print) a. (First) Norman	b. (Middle) Wilbur	c. (Last) Wingate	4. DATE OF DEATH (Month) (Day) (Year) Oct. 27 th. 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 28, 1897	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Livestock Dealer	10b. KIND OF BUSINESS OR INDUSTRY Livestock	11. BIRTHPLACE (City and State or Foreign Country) Moniteau County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Marion Lewis Wingate	13b. MOTHER'S MAIDEN NAME Mary S. Galbarth	14. NAME OF HUSBAND OR WIFE Norma Wingate
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norma Wingate, Osage Beach, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute coronary thrombosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-26, 1952**, to **10-27, 1952**, that I last saw the deceased alive on **10-26, 1952**, and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Adair Atterberry	23b. ADDRESS Camdenton, Missouri	23c. DATE SIGNED 10-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 29, 1953	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Clarksburg, Mo
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DATE REC'D BY LOCAL REG. Oct 30, 53	REGISTRAR'S SIGNATURE H. L. Pope	25. FUNERAL DIRECTOR'S SIGNATURE H. L. Pope	ADDRESS Tipton, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 27 1953

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
Student Embalmer

Signed James E. Richard
Licensed Embalmer No. 2466

P. O. Address Tipton, Missouri

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 this body is not embalmed, fact should be so stated above.