

CERTIFICATE OF DEATH

Registration District No. **77** Primary Registration District No. **3016** Registrar's No. **493**

DO NOT WRITE ON THIS STUB

9. **0**

10a. **83**

10b.

11. **0**

12. **0**

13. **4109**

14.

15. **4**

16.

17.

18. **0**

19. CREDITS

20. **1-0**

VS 300
Rev. 1/70

4. **0269**

5. **02**

DECEASED

6. **0681**

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Emil Frederick Winkler			2. Male	3. October 18, 1971	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White		5a. 83	5b.	5c.	6. January 30, 1888
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Jefferson City			7c. Yes		
7d. St. Mary's Hospital					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Missouri		9. USA		10. Never Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 496-40-8932		13a. Farmer		13b. Retired	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. Missouri		14b. Moniteau	14c. California		14d. Yes
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Herman Winkler		16. Bertha Teichgraeber			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. William Winkler			17b. RFD California, Missouri 65018		

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE		
(a) CARDIAC ARREST		15 MINUTES
DUE TO, OR AS A CONSEQUENCE OF:		
(b) ACUTE MYOCARDIAL INFARCTION		24 HOURS
DUE TO, OR AS A CONSEQUENCE OF:		
(c) ATHEROSCLEROTIC HEART DISEASE		3 YEARS

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (I)			AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
			19a. NO	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.	20f.	20g.	20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DO NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a.	4-8-68 TO 10-18-71		10-18-71		21b. 2:00 P.M.

CERTIFIER

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR	HOUR
22a.		M. 22b. 10-18-71	22c. 2:00 P.M.
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. Harold Kanagawa, M.D.	<i>[Signature]</i>	M.D.	10-21-71
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
23b.	302 Bolivar Street	Jefferson City	Missouri 65101

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. Removal=Burial	24b. Lutheran Cemetery	24c. California, Missouri	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. 10-21-1971	24e. Williams Funeral Home 211 S. Oak Calif., Mo. 65018		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25b. <i>[Signature]</i>	26a. Norme Miller	26b. 10-27-71	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

1261-78100
OCT 29 1977

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 Wayne A. Woodard

Licensed Embalmer No. 5172

P. O. Address Calif. 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.