

CERTIFICATE OF DEATH

JAN 29 1973
Registration District No. 224

124
5796
73 002315
Registrar's No. 2

DO NOT WRITE ON THIS STUB

VS 300
Rev. 11/72

FILED

7b-c. 7d. 90001
8. 29
14a. 29
14b. 135
14c-d. 06452
14e. 030
23. 0021163
26a. 3
18-U. 4109
18-S-1.
18-S-2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

DECEASED

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

PARENTS

CAUSE

| | | | | |
|--|--|---|---|--|
| DECEASED—NAME 1. William Albert Winkler | | | SEX 2. Male | DATE OF DEATH (MONTH, DAY, YEAR) 3. January 24, 1973 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White | AGE—LAST BIRTHDAY (YEARS) 5a. 74 | UNDER 1 YEAR 5b. | UNDER 1 DAY 5c. | DATE OF BIRTH (MONTH, DAY, YEAR) 6. Sept. 23, 1898 |
| CITY, TOWN, OR LOCATION OF DEATH 7b. California | | INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. No | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Home-Jamestown Star Route | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) 8. Missouri | | CITIZEN OF WHAT COUNTRY 9. USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married | |
| SOCIAL SECURITY NUMBER 12. 500-10-5303 | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer | KIND OF BUSINESS OR INDUSTRY 13b. Farming | |
| RESIDENCE—STATE 14a. Missouri | COUNTY 14b. Moniteau | CITY, TOWN, OR LOCATION, ZIP CODE 14c. California | INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. UNO | TOWNSHIP 14e. Walker |
| FATHER—NAME 15. Herman Fredrick Winkler | | MOTHER—MAIDEN NAME 16. Augusta Bertha Teighgraber | STREET AND NUMBER 14f. Jamestown Star Rte. | |
| INFORMANT—NAME 17a. Mrs. Ardalie Winkler | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Jamestown Star Rte. California, Mo. 65018 | | |
| PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Acute Myocardial Infarction (b) Arteriosclerosis (c) | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Less than 1 day 1 + yrs |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G) | | | | AUTOPSY (YES OR NO) 19a. No |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. | DATE OF INJURY (MONTH, DAY, YEAR) 20b. | HOUR 20c. | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. | |
| INJURY AT WORK (SPECIFY YES OR NO) 20e. | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 1 24 73 | MONTH DAY YEAR 24 73 | TO 21 | AND LAST SAW HIM/HER—LIVE ON MONTH DAY YEAR 21c. 1 24 73 | I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Dis |
| 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. 22a. | | | HOUR OF DEATH M. 22b. | THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR 9:30 P. M. |
| CERTIFIER—NAME (TYPE OR PRINT) 23a. R B Fulk | MO. LICENSE NO. 23b. 21163 | SIGNATURE 23c. R B Fulk | DEGREE OR TITLE M.D. | DATE SIGNED (MONTH, DAY, YEAR) 23d. 1-26-73 |
| MAILING ADDRESS—CERTIFIER 23e. P.O. Box 410 | | STREET OR R.F.D. NO. California | CITY OR TOWN MO | STATE 65018 |
| BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial | CEMETERY OR CREMATORY—NAME 24b. Lutheran Cemetery | | LOCATION 24c. California, Missouri | |
| DATE 24d. 1-27-1973 | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Williams Funeral Home 211 S. Oak California, Mo. 65018 | | | |
| FUNERAL DIRECTOR—SIGNATURE 25a. James H Kelly | REG. NO. 25b. 442 | REGISTRAR—SIGNATURE 26a. Flarence H Kelly | DATE RECEIVED BY LOCAL REGISTRAR 26b. Jan. 27-1973 | |

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

70 00112

Mrs. Ardale Winkler
 Jamesstown Star Rte. California, Mo. 65018
 Herman Fredrick Winkler
 Augusta Bertha Teighgraber
 Missour Missouri California Uno Walker Jamesstown Star Rte.
 200-10-2303 Farmer Farming
 Missouri USA Married Ardale Winkler
 California No Home-Jamestown Star Route
 White 74
 William Albert Winkler Male
 January 24, 1973

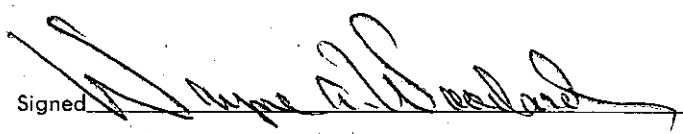
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 5172

P. O. Address California, 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.

William's Funeral Home 211 S. Oak California, Mo. 65018

Burial
1-27-1973