

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19360

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>101 N. Howard</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mattie</u>		b. (Middle) <u>Wright</u>		c. (Last) <u>Winn</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>14</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 18, 1868</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR (Months) <u>6</u>		IF UNDER 24 HRS. (Hours) <u>26</u>		IF UNDER 1 MIN. (Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lee Wright</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>George Winn</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Crigler Fayette, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Femoral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Femur</u> 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 <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>Fayette</u> <u>Howard</u> <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 1 1949</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u>			
22. I hereby certify that I attended the deceased from <u>May 1, 1949</u> , to <u>June 14, 1949</u> , that I last saw the deceased alive on <u>6-14-49</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. Bloom M.D.</u>				23b. ADDRESS <u>Fayette Mo</u>		23c. DATE SIGNED <u>6-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Walnut Ridge Cemetery Fayette, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-18-1949</u>		REGISTRAR'S SIGNATURE <u>Dorothy Ann Schen</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		ADDRESS <u>Fayette, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-4845
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RECEIVED JUN 20

District Health Officer No. 8,

District File Number _____

Date Filed 6-20-49

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

Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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 this body is not embalmed, fact should be so stated above.