

No. 300
10-48

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31284

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

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3912 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pemiscot</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele Rural</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele Rt # 2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>Virginia Park</u>		
3. NAME OF DECEASED (Type or Print) <u>JIMMIE</u>			a. (First)	b. (Middle)	c. (Last) <u>WINSTEAD</u>
4. DATE OF DEATH <u>8-1-1949</u>		(Month)	(Day)	(Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>11</u>	8. DATE OF BIRTH <u>Jan 29-1943</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Bus</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rivers Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Clarence Winstead</u>		13b. MOTHER'S MAIDEN NAME <u>Alta Winstead</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Winstead Steele 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute anterior poliomyelitis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6803</u>
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)			
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?			
22. I hereby certify that I attended the deceased from <u>7-30</u> , 19 <u>49</u> , to <u>8-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>4:30 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. Chapman</u>		(Degree or title)	23b. ADDRESS <u>Steele, Mo</u>		23c. DATE SIGNED <u>8-2-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8/2/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Manna Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-24-49</u>	REGISTRAR'S SIGNATURE <u>J. Chapman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.T. Emerick</u>	ADDRESS <u>Jonestown</u>		

10-49-268

OCT 1 REC'D

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

John T. Emerson

Licensed Embalmer No. 295

P. O. Address Jonestown, Guyana

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.