

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30198**  
Registrar's No. **7914**

FILED SEP 3- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|                                                                                               |                                            |                                                                                                                                              |  |
|-----------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                |                                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Texas</b> b. COUNTY <b>Greene 8420</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> | c. LENGTH OF STAY (In this place) <b>0</b> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gladewater</b>                                               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>                                |                                            | d. STREET ADDRESS (If rural, give location)                                                                                                  |  |

|                                                                                                          |                               |                                                                       |                                                                              |                                           |                                            |
|----------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)                                                                      |                               |                                                                       | 4. DATE OF DEATH                                                             |                                           |                                            |
| a. (First) <b>CLIFFORD</b>                                                                               | b. (Middle) <b>George</b>     | c. (Last) <b>WINN</b>                                                 | (Month) <b>8</b>                                                             | (Day) <b>19</b>                           | (Year) <b>52</b>                           |
| 5. SEX <b>Male</b>                                                                                       | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Jan. 13, 1895</b>                                        | 9. AGE (In years last birthday) <b>57</b> |                                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture Store</b>              | 11. BIRTHPLACE (City and State or Foreign Country) <b>Stevenville, Texas</b> |                                           | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |

|                                                                              |                                               |                                                                           |
|------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------|
| 13a. FATHER'S NAME <b>George B. Winn</b>                                     | 13b. MOTHER'S MAIDEN NAME <b>Jessie Payne</b> | 14. NAME OF HUSBAND OR WIFE <b>Rosa Lea Winn</b>                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> | 16. SOCIAL SECURITY NO. <b>W.V. 1</b>         | 17. INFORMANT'S SIGNATURE OR NAME <b>Rosa Lea Winn, Gladewater, Texas</b> |

|                                                                                                                                                |  |                                         |  |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)                                                                      |  | MEDICAL CERTIFICATION                   |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastro intestinal bleeding</b>                                                       |  | DUE TO (b) <b>Hepatic insufficiency</b> |  | <b>1 1/2 hrs.</b>                |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c)                              |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.            |  |                                         |  |                                  |

|                                                 |                                                                                                        |                                                                                     |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION                                                                       | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <b>5.83X</b>                                              |

22. I hereby certify that I attended the deceased from **8/12, 1952**, to **8/19, 1952**, that I last saw the deceased alive on **8/19, 1952**, and that death occurred at **12:48 pm.**, from the causes and on the date stated above.

|                                                                        |                                         |                                    |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------------|
| 23a. SIGNATURE <b>J.R. Bradley, M.D.</b>                               | 23b. ADDRESS <b>600 S. KINGSHIGHWAY</b> | 23c. DATE SIGNED <b>8/20/52</b>    |
| 24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>                         | 24b. DATE <b>8-20-52</b>                | 24c. NAME OF CEMETERY OR CREMATORY |
| 24d. LOCATION (City, town, or county) (State) <b>Gladewater, Texas</b> |                                         |                                    |

|                                             |                                                 |                                                                          |
|---------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <b>AUG 20 1952</b> | REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, 4700 Washington</b> |
|---------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|

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

**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 J. Harris

Licensed Embalmer No. 4108

P. O. Address \_\_\_\_\_

**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.