

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25928

State File No.

FILED JUL 22 1953

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 82

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Pulaski</u>		a. STATE <u>Oklahoma</u> b. COUNTY <u>Tulsa</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Hwy 66 Liberty Twp</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tulsa</u>	
c. LENGTH OF STAY (in this place) -----		d. STREET ADDRESS (If rural, give location) <u>1606 So Chynne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy 66 8 Mi West Waynesville</u>			

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Elsie</u>	b. (Middle) <u>Jo</u>	c. (Last) <u>Winn</u>	(Month) <u>July</u>	(Day) <u>14</u>	(Year) <u>53</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec 10-1917</u>		9. AGE (In years last birthday) <u>35</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Muskogee Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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 <u>Domestic</u>			

13a. FATHER'S NAME <u>Victor Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Ester Bank</u>		14. NAME OF HUSBAND OR WIFE <u>Donald L Winn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <u>Donald L Winn</u>	
				ADDRESS <u>Tulsa Oklahoma</u>	

18. CAUSE OF DEATH 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) <u>Crushed Skull</u>				<u>Instant</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Auto Accident</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				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Hwy 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>8 Mi West Waynesville Pulaski Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14 53 4P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>	

22. I hereby certify that I attended the deceased from Dead On Arrival, 1953, **that I last saw the deceased alive on** _____, 1953, **and that death occurred at** 4P m., **from the causes and on the date stated above.**

23a. SIGNATURE <u>Billy Jr Hedges</u>		23b. ADDRESS <u>Crocker Missouri</u>		23c. DATE SIGNED <u>July 15 53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 15 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sennete Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Tulsa Oklahoma</u>	

DATE REC'D BY LOCAL REG. <u>7-15-53</u>		REGISTRAR'S SIGNATURE <u>Billy Jr Hedges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Billy Jr Hedges</u>	
				ADDRESS <u>Crocker Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3.000
0.48

3
0

AUG 11 1953

RECEIVED 7-15-53
Pulaski County Health Officer
File Number 7-18-53
Date Filed 7-18-53

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 *Clarence Dross*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, Ind*

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.