

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29055

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2008 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	c. LENGTH OF STAY (In this place) 4 MOS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SENECA	d. STREET ADDRESS (If rural, give location) 0730 /
d. FULL NAME OF HOSPITAL OR INSTITUTION 2506 WEST 4TH			

3. NAME OF DECEASED (Type or Print) a. (First) RAY b. (Middle) ELI c. (Last) WINSCOTT			4. DATE OF DEATH (Month) (Day) (Year) AUG. 7, 1953		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV 1, 1893	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (State or foreign country) VERNON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME W. J. WINSCOTT		13b. MOTHER'S MAIDEN NAME MARGARET ELLEN JAMES		14. NAME OF HUSBAND OR WIFE NONE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME RUTH WATSON, 2506 W. 4TH		ADDRESS JOPLIN	
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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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 3 months years about 6 months	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis of the liver					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 331 X	
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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?	
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22. I hereby certify that I attended the deceased from April 4, 1953, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) William B. Dittmer, M.D.		22b. ADDRESS 505 Missou Bldg		22c. DATE SIGNED Aug 8, 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-10-53		24c. NAME OF CEMETERY OR CREMATORY SENECA		24d. LOCATION (City, town, or county) (State) SENECA, MISSOURI	
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DATE REC'D BY LOCAL REG. 8-11-53		REGISTRAR'S SIGNATURE W. B. Dittmer 138		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 17 1953
Jasper County Health Office

County File Number 676
Date Filed AUG 17 1953

AUG 20 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.