

FILED APR 29 1954

BIRTH NO. _____ REG. DIST. NO. **02** PRIMARY REG. DIST. NO. **5416** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Dunklin	
b. CITY OR TOWN Arbyrd - Biggals		c. CITY OR TOWN Arbyrd	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 1/2 M.S. M.W. Arbyrd, Mo.		d. STREET ADDRESS (If rural, give location) 4 1/2 M.S. M.W. Arbyrd, Mo.	

3. NAME OF DECEASED (Type or Print) JEFF WINN			4. DATE OF DEATH March 31, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 17, 1918	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 2 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME J. L. WINN	13b. MOTHER'S MAIDEN NAME JESSIE McMILLION	14. NAME OF DECEASED'S WIFE Mrs. ALVETIA HOLLIS WINN
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jeff Winn Arbyrd, Mo. Route # 1	ADDRESS
--	-------------------------------------	---	---------

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) Tuberculosis Pul.				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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)	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?

22. I hereby certify that I attended the deceased from 1952 to 4-31, 1954, that I last saw the deceased alive on 4-3, 1954 and that death occurred at 8:15 m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)	23b. ADDRESS <i>Cardwell, Mo</i>	23c. DATE SIGNED
---	----------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/31/1954	24c. NAME OF CEMETERY OR CREMATORY Clarks Chapel Cemetery (Rural)	24d. LOCATION (City, town, or county) (State) Paragould, Arkansas
---	----------------------------	--	--

DATE RECD BY LOCAL REG. 4-6-54	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS 221 West Main St. Paragould, Arkansas
---------------------------------------	--	--

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

335-2

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-27-54
COUNTY FILE NUMBER 454-121

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, ~~XXXX~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wesley H. Heath

Licensed Embalmer No. 965

P. O. Address Paragould, Arkansas

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.