

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5200 Registrar's No. 232

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

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| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | |
| b. CITY OR TOWN <u>Rural (Wakanda Twp)</u> | c. LENGTH OF STAY (In this place) <u>6 mo</u> | c. CITY OR TOWN <u>Carrollton MO</u> | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Wakanda Twp</u> | | e. STREET ADDRESS (If rural, give location) <u>Rural Wakanda Twp 3 Misso Carrollton</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Johnnie</u> | b. (Middle) <u>Chandler</u> | c. (Last) <u>Winfrey</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5 1954</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept 24 1930</u> | 9. AGE (In years last birthday) <u>24</u> | 10 UNDER 1 YEAR Months | 11 UNDER 1 HR. Hours | 12 UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Track Driver</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hale, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>REUBEN WINFREY</u> | 13b. MOTHER'S MAIDEN NAME <u>FRANCES CHANDLER</u> | 14. NAME OF HUSBAND OR WIFE <u>SHIRLEY SHIELDS WINFREY</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> | 16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>40350 to 4/4/53 488-34-1388</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOHNNIE WINFREY</u> | ADDRESS <u>CARROLLTON MO</u> |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowned in MO River</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES DUE TO (b) <u>Boat turned over</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>E850 X 38</u> |

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| 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) <u>ACCIDENT</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, open bldg., etc.) <u>Missouri RIVER</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WAKANDA TWP. CARROLL, MO</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 5 - 54 10 a. m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Boat ACCIDENTAL TURNED OVER</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Dec 5, 1954, and that death occurred at 10 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Ray Peterson coroner</u> | 23b. ADDRESS <u>Boyard MO</u> | 23c. DATE SIGNED <u>12/8/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-10-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Coke Hill Cem Carrollton Mo</u> | 24d. LOCATION (City, town, or county) (State) _____ |
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| DATE REC'D BY LOCAL REG. <u>12/10/54</u> | REGISTRAR'S SIGNATURE <u>Mrs. Verber Christ</u> | 45-11 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> | ADDRESS <u>Carrollton Mo</u> |
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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.....
Signature of Student Embalmer

Signed *Ben W Gibson*

Licensed Embalmer No. 296

P. O. Address *Carroll*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.