

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16116

FILED MAY 26 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>5837</u>		Registrar's No. <u>45</u>			
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ARKANSAS</u> b. COUNTY <u>SEBASTIAN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (Neosho)</u>		c. LENGTH OF STAY (In this place) <u>4 1/2</u>		c. CITY OR TOWN <u>Ft. Smith</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST BENTON TWP</u>				e. STREET ADDRESS (If rural, give location) <u>6201 KINKEAD AVE. 8039</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>WINSTON</u> c. (Last) <u>JEFFREY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11 1955</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>SINGLE</u>		8. DATE OF BIRTH <u>MARCH 1 1935</u>			
9. AGE (In years last birthday) <u>20</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC HELPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WALDRON ARKANSAS 1</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM D. JEFFREY</u>		13b. MOTHER'S MAIDEN NAME <u>WILLA MAE WINSTON</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. D. Jeffreys</u>					
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) <u>brushed to best</u> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND 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>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neosho Newton Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 11 1955 2:30 PM</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 _____, 19____, to <u>5-11</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Carley Thompson</u>				23b. ADDRESS <u>307 E. Main St. Neosho, Mo.</u>		23c. DATE SIGNED <u>5-11-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVABLE</u>		24b. DATE <u>5-11-1955</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>FT SMITH ARKANSAS</u>			
DATE REC'D BY LOCAL REG. <u>5-11-55</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson</u>		ADDRESS <u>Neosho, Mo.</u>			

RECEIVED

Dist. Officer No. _____

Dis. No. _____

Date Filed _____

LYNCH COUNTY

HEALTH UNIT

55-2487
5-25-55

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Barley Thompson Jr.*
Licensed Embalmer No. 486

P. O. Address *Neosho, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.