

FILED APR 30 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HARRISON ^{503 8} Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 1 DAY	
d. STREET ADDRESS 815 W. BOWER		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) a/k/a First JOSEPHINE Middle WINGFIELD Last MINTON JOSEPHINE KNOX		4. DATE OF DEATH Month Day Year APRIL 21 1956	
5. SEX MALE FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 3 1892
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Spencer, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME LOUIS WINGFIELD		14. MOTHER'S MAIDEN NAME MABEL EAKIN	
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. NO	
17. INFORMANT a/k/a Ralph Minton RALPH KNOX HARRISON, ARKANSAS			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Concussion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Fractures of skull DUE TO (c) Multiple Fractures of extremities PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 26 hrs 26 hrs 26 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	8/61		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAR hit Trailer Truck 26		
20c. TIME OF INJURY Hour Month, Day, Year g. m. p. m. 4-20-56			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Am highway	20f. CITY, TOWN, OR LOCATION CLAY Twp. 029	COUNTY STATE GREENE Co., Mo
21. I attended the deceased from 6:00 am 4-20 to 4-21-56 and last saw her alive on 4-21-56 Death occurred at 10:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Michael J. Clarke		22b. ADDRESS 1630 N. Jefferson	22c. DATE SIGNED 4-23-56
23a. BURIAL, CREMATION, REMOVAL	23b. DATE 4/23/56	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) HARRISON, ARKANSAS
24. FUNERAL DIRECTOR HH. LOHMEYER	ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 4-24-56	26. REGISTRAR'S SIGNATURE Edwin Williams

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Corr by advt. of informant, 5/22/56, jf

MEDICAL CERTIFICATION

MAY 23 1956

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 *William T. Swartz*.....

Licensed Embalmer No. *44*

P. O. Address *Spring*

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