

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032413

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 128 Primary Registration District No. _____ Registrar's No. 940 A

S. 300
v. 1-57

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All diseases in Part I must be causally related.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN <u>N. Campbell townshp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Seymour</u> <u>11 20</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sunshine Acres</u>		Length of stay in 1b <u>3 yrs.</u>	
3. NAME OF DECEASED (Type or print) First <u>Gardner</u> Middle <u>Grant</u> Last <u>Winn</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>30</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 9, 1863</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Hotel Opr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm & Hotel</u>	11. BIRTHPLACE (City and state or country) <u>Unknown</u>
13a. FATHER'S NAME <u>William Winn</u>		13b. MOTHER'S MAIDEN NAME <u>Martha J. Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Winn, (Dec.)</u>
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 Address <u>L. E. Winn, Son, Springfield, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> DUE TO (b) <u>Fract. Hip Sept. 13, 1958</u> DUE TO (c) <u>9-9027</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>45</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.) <u>639</u>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>Sept. 14, 1958</u> to <u>Sept. 30</u> and last saw <u>him</u> alive on <u>Sept. 24</u> Death occurred at <u>12:40 P.M. Sept. 30, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>Lyman D. Brown M.D.</u>		22b. ADDRESS <u>311 1/2 College Sp 14 mo</u>	
22c. DATE SIGNED <u>10/7/58</u>			
23a. BURIAL, CREMATION, REBURY (Specify) <u>burial</u>	23b. DATE <u>10-2-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mianqua, Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mianqua, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Rex Rainey--Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-9-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>

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 _____

Licensed Embalmer No. 3312

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