Health, Welfare, Public Service

Dr. Gillispie

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004195

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 1

300
1-57

1. PLACE OF DEATH a. COUNTY: TANEY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: TANEY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): BRANSON — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: BRANSON — Inside Limits: Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Skaggs Hosp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): rural — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First WERNER Middle Last Winberg

4. DATE OF DEATH: Month JAN. Day 1 Year 1959

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 18, 1893

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 4 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Cement finisher

11. BIRTHPLACE (City and state or country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: August Winberg

13b. MOTHER'S MAIDEN NAME: Britta Winberg

14. NAME OF HUSBAND OR WIFE: Alice Winberg

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.

17. INFORMANT: Alice Winberg Address: Bran, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pneumonia Lobar

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Carcinoma of Lung

~~DUE TO~~ (c): Fx of femur

INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 163XF

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour 8 a.m. ~~p.m.~~ Month, Day, Year 1 1 59

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION: Branson COUNTY: Taney STATE: Missouri

21. I attended the deceased from 12/28/58, to 1/1/59 and last saw ~~her~~ him alive on 12/31/58

Death occurred at 8 AM. 1/1/59 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roy Gillispie MD

22b. ADDRESS: 213 West Atlantic Branson Mo

22c. DATE SIGNED: 1/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-3-59

23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park

23d. LOCATION (City, town, or county) (State): Branson, Mo

24. FUNERAL DIRECTOR: Whitehead Chapel ADDRESS: Branson Mo

25. DATE RECD. BY LOCAL REG.: 1-2-59

26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

40

JAN 19 1959

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 Walter S. Cobb

Licensed Embalmer No. 4731

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.