

FILED VS OCT 23 1959

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-036932
 STATE FILE NUMBER

8 Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 41-59

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY MILLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MORGAN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TusCumbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JACKSONVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospt		Length of stay in lb 5 DA	d. STREET ADDRESS 340 E. STATE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) MYRTLE M. WINN			4. DATE OF DEATH Month Day Year OCT. 15, 1959		
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1895 OCT. 9, 1916	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O.T. JACKSONVILLE		10b. KIND OF BUSINESS OR INDUSTRY STATE HOSPT	11. BIRTHPLACE (City and state or country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN P. DAVIDSON		13b. MOTHER'S MAIDEN NAME MARY JANE RILEY		14. NAME OF HUSBAND OR WIFE LLOYD WINN	
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. UNAVAILABLE		17. INFORMANT Address WARD WINN MOLINE, ILL.	
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 Anoxia					INTERVAL BETWEEN ONSET AND DEATH 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bacterial pneumonia					3 days
DUE TO (c) Contusion of Chest & Secretion of Lung					5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture - Dislocation right hip					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.)			
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 Oct 10, 1959 to Oct 15, 1959 Death occurred at 10:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		The last saw him alive on 10-15-59			
22a. SIGNATURE (Degree or title) Louis D. Phelan		22b. ADDRESS Jacksonville, Missouri		22c. DATE SIGNED OCT 15 1959	
23a. BURIAL CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY White Hall		23d. LOCATION (City, town, or county) (State) WHITE HALL, ILL
24. FUNERAL DIRECTOR Louis D. Phelan		ADDRESS Edon		25. DATE RECD. BY LOCAL REG. October 15, 1959	26. REGISTRAR'S SIGNATURE Mrs. W. E. Kallenbach

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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VS OCT 28 1959 SA

VS OCT 23 1959 SA

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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *below*

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.