

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004595
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 134

LED VS MAR 6 1961

| | | | | | | | | |
|--|--|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> | | Length of stay in 1b <u>Instant</u> | | c. CITY OR TOWN <u>Sturgeon</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3.3. Miles North 63</u> | | | | d. STREET ADDRESS (If outside, give location) <u>6 miles S. W.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Raymond Lee Winn</u> | | | | 4. DATE OF DEATH Month Day Year <u>2 25 1961</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>7/1/1930</u> | | |
| 9. AGE (last birthday) <u>30</u> | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Quarry</u> | | 11. BIRTHPLACE (City and state or country) <u>LaBelle, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Morris B. Winn</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lucille DeMoss</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Matilda Sims Winn</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes year of 1947</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Mitilda Sims Winn Sturgeon, 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>Fractures of skull and cervical vertebrae</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Immed.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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.) <u>Auto accident - Head-on collision.</u> | | | | |
| 20c. TIME OF INJURY <u>8:35 p.m.</u> | | Month, Day, Year <u>2-25-61</u> | | 20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3.3 miles north of Columbia, Mo. on US Hwy 63</u> | | | | |
| 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.) <u>Hwy 63</u> | | 20f. CITY, TOWN, OR LOCATION <u>Boone</u> | | COUNTY STATE <u>Mo</u> | | |
| 21. I attended the deceased from <u>Coroner's Case</u> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Richard E Johnson, MD</u> | | | | 22b. ADDRESS <u>Columbia, Mo</u> | | 22c. DATE SIGNED <u>2-25-61</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3-1-1961</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Lyman Sprinkle Columbia, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Feb 28, 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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,

W. H. H. _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lyman H. Sprinkle _____

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.