

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004744

STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 5167 Registrar's No. 50

FILED VS FEB 27 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Callaway	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Rural Liberty Twp.		Length of stay in 1b Yrs.	c. CITY OR TOWN Auxvasse, Missouri
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Hatton, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.T.D. Auxvasse
3. NAME OF DECEASED (Type or print) First Nancy Middle Ellen Last Winn		4. DATE OF DEATH Month Feb. Day 23 Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 13, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse, Practical		10b. KIND OF BUSINESS OR INDUSTRY Private Nurse	9. AGE (last birthday) 69
11a. BIRTHPLACE (City and state or country) Auxvasse, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John M. Moseley		13b. MOTHER'S MAIDEN NAME Nellie Swan	14. NAME OF HUSBAND OR WIFE Wesley 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.	17. INFORMANT Nellie Black - Webster Groves, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Coronary artery Disease DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 yrs years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ Month, Day, Year _____ 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 1936 to Death and last saw her live on Feb 2 1961 Death occurred at 1 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arnold J. Davis M.D. (Degree or title)		22b. ADDRESS Mexico MO	22c. DATE SIGNED 2-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 25, 1961	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Mexico, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home - Mexico, Missouri		25. DATE RECD. BY LOCAL REG. Feb. 25, 1961	26. REGISTRAR'S SIGNATURE Martha Lawrence

MAY 12 1961

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 Richard Y. McPherson

Licensed Embalmer No. 4825

P. O. Address Memphis Tenn

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.