

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014729

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 57

AMENDED

FILED MAY 11 1961

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		c. CITY OR TOWN <u>BOWLING GREEN</u>	
Length of stay in 1b <u>6 days</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>PIKE Co. HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>RR #4</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>R.</u> Last <u>WINN</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>4</u> Year <u>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>JAN 30 1881</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during mgst of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MONROE Co, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>EDWARD B. WINN</u>		13b. MOTHER'S MAIDEN NAME <u>BEADIE ANN FLETCHER</u>		14. NAME OF HUSBAND OR WIFE <u>IDA WINN</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>✓</u>		17. INFORMANT <u>MRS. IDA WINN</u> Address <u>BOWLING GREEN Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>days</u> <u>months</u>
IMMEDIATE CAUSE (a) <u>Circulatory failure</u>			
DUE TO (b) <u>Cardiac decompensation</u>			
DUE TO (c) <u>Myocardial Infarct</u>			
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 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.		Month, Day, Year _____			
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 1928 to 5-4-61 and last saw him alive on 5-4-61  
Death occurred at 9:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In ink, full name and title) <u>Robert A. Brooks D.O.</u>		22b. ADDRESS <u>Bowling Green,</u>		22c. DATE SIGNED <u>5-7-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 6 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>NEW LONDON Mo.</u>		24. FUNERAL DIRECTOR <u>MEGOWN FUNERAL HOME FRANKFORD Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 8 - 61</u>	
26. REGISTRAR'S SIGNATURE <u>Denise Collier</u>					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

MAY 17 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 Lois Fields Megaw

Licensed Embalmer No. 4093

P. O. Address Frankford 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.