MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

SL-12586 XC-16 914 872

LED MAY 4 1961 AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4054 -61-015773 STATE FILE NUMBER

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Pike

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Length of stay in 1b 43 DAYS

c. CITY OR TOWN LOUISIANA — Inside Limits Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NORTH GRAND AVE. — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 1211 GEORGIA STREET — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First DOLFORDE Middle E. Last WINNER

4. DATE OF DEATH Month 4/27/61 Day Year

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 9/3/88

9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) BARRY, ILLINOIS

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

13a. FATHER'S NAME JOHN WINNER

13b. MOTHER'S MAIDEN NAME LINNIE L. PRYOR

14. NAME OF HUSBAND OR WIFE DOLLIE E. WINNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT Address DOLLIE E. WINNER (WIFE) SEE #2

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) SEVERE PULMONARY EMPHYSEMA — INTERVAL BETWEEN ONSET AND DEATH YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 527.1
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. [ ] Yes [ ] No [ ] Unknown

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 a.m. p.m. Month, Day, Year

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 COUNTY STATE

21. VA attended the deceased from 3/15/61, to 4/27/61 and last saw him alive on 4/27/61
Death occurred at 7:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Cornelius A. Natoli M.D.

22b. ADDRESS VAH, ST. LOUIS, MO.

22c. DATE SIGNED 4/27/61

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

23b. DATE 4/30/61

23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY

23d. LOCATION (City, town, or county) (State) PIKE COUNTY, MISSOURI

24. FUNERAL DIRECTOR GEORGE M. COLLIER ADDRESS LOUISIANA, MO.

25. DATE RECD. BY LOCAL REG. APR 28 1961

26. REGISTRAR'S SIGNATURE Hoad Smith, M.D.

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.

NOT EMBALMED WHEN LEAVING ST.LOUIS,MO.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No._____

P. O. Address_____

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.