

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-040141

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 694

STATE FILE NUMBER

FILED NOV 20 1961

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		Length of stay in 1b <u>12 days</u>	c. CITY OR TOWN: <u>Sturgeon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>_____</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Merritt Middle E. Last Winscott 4. DATE OF DEATH Month Nov. Day 10 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Aug. 9-1878 9. AGE (last birthday) 83 IF UNDER 1 YEAR: Months 3 Days 7 IF UNDER 24 HR: Hours 3 Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Carpenter 11. BIRTHPLACE (City and state or country) Andrain Co. Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Simon Winscott 13a. MOTHER'S MAIDEN NAME Amelia Crosswhite 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Lloyd Winscott, Clark, Mo. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombosis, branching left middle cerebral artery INTERVAL BETWEEN ONSET AND DEATH 11 days
DUE TO (b) artery
DUE TO (c) arteriosclerosis unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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. I attended the deceased from 10-30-61 to 11-10-61 and last saw him live on Nov 10, 1961
Death occurred at 1:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Finley Jr. M.D. 22b. ADDRESS 16 E Tenth Columbia Mo 22c. DATE SIGNED 11-14-61

23a. BURIAL CREMATION, REMOVAL (Specify) Interment 23b. DATE Nov. 12-1961 23c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery 23d. LOCATION (City, town, or county) (State) Andrain County, Mo.

24. FUNERAL DIRECTOR Paul J. Ballou, Centralia, Mo ADDRESS _____ 25. DATE RECD. BY LOCAL REG. Nov 15, 1961 26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 5 1962

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 Paul J. Baller

Licensed Embalmer No. 4206

P. O. Address Centuria, Md.

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.