

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002762

AMENDED

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 5-62 STATE FILE NUMBER

FILED FEB 13 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Miller</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia</u> | | Length of stay in 1b <u>4 1/2 days</u> | c. CITY OR TOWN <u>Brumley</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>Humphrey's Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Lucy</u> Middle <u>JANE</u> Last <u>Winfrey</u> | | | 4. DATE OF DEATH Month <u>February</u> Day <u>6</u> Year <u>1962</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-25-1872</u> | 9. AGE (last birthday) <u>89</u> |
| | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HR Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Miller Co., Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Daniel Blankenship</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Stanton</u> | 14. NAME OF HUSBAND OR WIFE <u>James C. Winfrey, (Dec.)</u> | |

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| 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>None</u> | 17. INFORMANT <u>Carl Winfrey</u> Address <u>Brumley, Mo.</u> |
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| 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 |
| IMMEDIATE CAUSE (a) <u>Cerebral Anoxia</u> | | <u>minutes</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Bronchial Pneumonia</u> | <u>days</u> |
| | DUE TO (c) <u>Cerebral Vascular Thrombosis</u> | <u>days</u> |

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| 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"/> N: <input type="checkbox"/> Unknown | |
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| 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 a.m. p.m. | | | |

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| 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 2-1-62 to 2-6-62 and last saw her him alive on 2-6-62
Death occurred at 5:55 p on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Paul Howard, Do.</u> (Degree or title) | 22b. ADDRESS <u>Tuscumbia, Mo.</u> | 22c. DATE SIGNED <u>2-7-62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-9-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Gott cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Brumley (rural) MO.</u> |
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| 24. FUNERAL DIRECTOR <u>SCHUMER-STEVINSON</u> ADDRESS <u>Iberia, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>2-7-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Max D. E. Kallenbach</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Jayla Stevenson, Student Embalmer No. 654

working under my personal supervision.

Student Jayla Stevenson
Signature of Student Embalmer

Signed J. T. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover 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.