

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-010168

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 55
 FILED MAR 22 1962

Primary Registration District No. 5794 Registrar's No. 34

VS 300
 Rev. 4/59
 6170
 3234
 3
 4 1
 5 0
 6
 7 0
 8 2
 9 X
 10
 11 017
 12 91-3
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF.

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moss Creek Twp.		Length of stay in lb Minutes	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi W. of Carrollton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1621 Elmwood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DORIS Middle MERTA Last WINFREY			4. DATE OF DEATH Month March Day 17 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/25/1943 9. AGE (last birthday) 18 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Cosmetic	11. BIRTHPLACE (City and state or country) Independence, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Earl I. Winfrey		13b. MOTHER'S MAIDEN NAME Lois J. Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unknown) NO (If yes, give war or dates of service)		17. INFORMANT Address Earl Winfrey Carrollton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE FRACTURES & LACERATIONS DUE TO (b) FROM 2-CAR ACCIDENT ON HIGHWAY DUE TO (c) NO. 10, 3 MILES WEST OF CARROLLTON, MO			INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE DEATH
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) 2-CAR HEAD ON COLLISION	
20c. TIME OF INJURY Hour 1:00 Month, Day, Year 3-17-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ON HIGHWAY	
21. I attended the deceased from AT DEATH - 1:00 P.		20f. CITY, TOWN, OR LOCATION RURAL CARROLLTON, CARROLL, MO. COUNTY CARROLL STATE MO.	
21. I attended the deceased from AT DEATH - 1:00 P. and last saw her/him alive on (DORIS CARROLL) on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Donald L. Smith, M.D. (Degree or title) Carroll County, Mo.		22b. ADDRESS 10th. 9th. Carrollton, Mo.	
22c. DATE SIGNED 3-19-62		22d. LOCATION (City, town, or County) (State) Carrollton, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/19/62	
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or County) (State) Carrollton, Mo.	
24. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton, Mo.		25. DATE RECD. BY LOCAL REG. 3/20/62	
26. REGISTRAR'S SIGNATURE Mr. Herbert Carter			

APR 2 1963

APR 24 1962

MAR 23 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 James F. Gibson
Licensed Embalmer No. 5076

P.O. Address Carrollton, 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.