

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030699

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1336

FILED SEP 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10397  
20397

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4 1  
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9 156.2  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b <b>15 yrs.</b>	c. CITY OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge-Protestant</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1123 Stewart</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Emily</b> Last <b>Winton</b>			4. DATE OF DEATH <b>Sept-3--1962</b> Month <b>Sept</b> Day <b>3</b> Year <b>1962</b>
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>12-31-1914</b>
9. AGE (last birthday) <b>47</b>		IF UNDER 1 YEAR Months <b>47</b>	IF UNDER 24 HR Days <b>47</b> Hours <b>47</b> Min. <b>47</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Caseworker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Welfare Office</b>	11. BIRTHPLACE (City and state or country) <b>Gainesville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>R.E. Luna</b>	
13b. MOTHER'S MAIDEN NAME <b>Beulah McDonald</b>		14. NAME OF HUSBAND OR WIFE <b>Loren Winton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Helen Marie Luna, Gainesville, Mo.</b> 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) <b>Metastatic Carcinoma to Liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Primary Carcinoma not identified.</b>			
DUE TO (c)			
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 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 <b>4:00</b> a.m. <b>A</b> p.m.	Month, Day, Year <b>July 1962</b>	20f. CITY, TOWN, OR LOCATION <b>Springfield Mo</b> COUNTY <b>Greene</b> STATE <b>Mo</b>	
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 <b>Springfield Mo</b> COUNTY <b>Greene</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>July 1962</b> to <b>9/3/62</b> and last saw her/him alive on <b>9/3/62</b> . Death occurred at <b>4:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Richard M. ...</b> (Degree or title)		22b. ADDRESS <b>Springfield Mo</b>	22c. DATE SIGNED <b>9/4/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-6-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gainesville City</b>	23d. LOCATION (City, town, or county) <b>Gainesville, Missouri</b> (State)
24. FUNERAL DIRECTOR <b>Clinkingbeard, Gainesville, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>9-7-62</b>	26. REGISTRAR'S SIGNATURE <b>Effie E. Melton</b>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 12 1962

*W Cochran*

*Permit 9-4-62*

**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 *Louis G Schepf*

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.