

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 - UNKNOWN

91/30054

12110

-62-048880  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12110

**FILED DEC 21 1962**

VS 300  
Rev. 4/59

1

292308

3

4 0

5 1

6

7 1

8 1

9

10

11

12 83-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF 24 hrs.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>			Length of stay in 1b <u>24 HOURS</u>		c. CITY OR TOWN <u>JACKSON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VAH, ST. LOUIS, MO.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>915 SUMAC AVE</u>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		5. AGE (last birthday)
First <u>HERBERT</u> Middle <u>W.</u> Last <u>WINSTEAD</u>			Month <u>DECEMBER</u> Day <u>16</u> , Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/19/19</u>	9. AGE (last birthday) <u>43</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and state or country) <u>MORTON, MISS.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>ASA WINSTEAD</u>		13b. MOTHER'S MAIDEN NAME <u>----- COOPER</u>	
14. NAME OF HUSBAND OR WIFE <u>FLORENCE WINSTEAD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WW 2 &amp; PLEO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>FLORENCE WINSTEAD</u>		Address <u>SEE 2D</u>		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>UREMIA</u>		DUE TO (b) <u>ARTERIOGLARNEPHROSCLEROSIS</u>		DUE TO (c) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>	
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		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>442x</u>			
20c. TIME OF INJURY Hour a.m. Month, Day, Year	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. attended the deceased from <u>VA 12/15/62</u> to <u>12/16/62</u> and last saw him alive on <u>12/16/62</u>		Death occurred at <u>11:55</u> <u>AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree, or title) <u>James N. Hines M.D.</u>		22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>		22c. DATE SIGNED <u>12/16/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-19-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jackson, Mississippi</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Ott &amp; Lee: Funeral Home, Forest, Mississippi</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 17 1962</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI

**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 *John J. Haines*

Licensed Embalmer No. 4108

P. O. Address Stennis MS

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.