

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016619

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 44

<b>FILED MAY 15 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Lafayette</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Lexington</b>
Length of stay in 1b <b>32 yrs.</b>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <b>Missouri</b>	b. COUNTY <b>Lafayette</b>
c. CITY OR TOWN <b>Lexington</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence Watertower Hill</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Watertower Hill</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First <b>MARY (Molly)</b>	Middle <b>ELLEN</b>
Last <b>WINNINGHAM</b>	
4. DATE OF DEATH	
Month <b>May</b>	Day <b>2</b>
Year <b>1963</b>	
5. SEX <b>Female</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>7 1886</b>
9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House wife</b>
11. BIRTHPLACE (City and state or country) <b>Camden Co., Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jacob Coffman</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary C. Coffman</b>	
14. NAME OF HUSBAND OR WIFE <b>John Franklin Winningham</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No No</b>	
17. INFORMANT <b>Clarence Winningham Missouri</b>	
Address <b>Lexington</b>	
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>Carcinomatosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b). <b>Carcinoma of stomach</b>	<b>2 yrs</b>
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 a.m. p.m.	
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 <b>7-12-62</b> to <b>5-2-63</b> and last saw her alive on <b>4-20-63</b> Death occurred at <b>8:50 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>P. J. Riley M.D.</b>	22b. ADDRESS <b>Richmond</b>
22c. DATE SIGNED <b>5-4-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-5-63</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Machpelah Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri</b>	
24. FUNERAL DIRECTOR <b>Vaughn-Walker</b>	ADDRESS <b>Lexington, Mo.</b>
25. DATE RECD. BY LOCAL REG. <b>5-5-63</b>	26. REGISTRAR'S SIGNATURE <b>Wm. E. Eastbrook</b>

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

1 **0542**

2 **0542**

3

4 **1**

5 **3**

6

7 **0**

8 **2**

9 **151X**

10

11

12 **1290-0**

13 **3-0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 20 1963

Paul Wilson 5-5-63

**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 H. Wilson

Licensed Embalmer No. 5192

P. O. Address Lexington, 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.