

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042734

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB  
 AMENDED

VS 300  
 Rev. 4/59

1 10/10  
 2 9/14/0

3

4 0

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10

11

12 90-0

13 10

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

Registration District No. _____		Primary Registration District No. _____		Registrar's No. <u>365</u>		STATE FILE NUMBER	
<b>FILED NOV 18 1963</b>							
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Iowa</b> b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rural Nowinger</b>			Length of stay in 1b <b>1 week</b>	c. CITY OR TOWN <b>Deepriver</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osa Hill home-RFD #</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Virgil E. Winn</b>				4. DATE OF DEATH Month <b>November</b> Day <b>10</b> Year <b>1963</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-29-1886</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>		11. BIRTHPLACE (City and state or country) <b>Downing, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Marion Winn</b>			13b. MOTHER'S MAIDEN NAME <b>Minium, Alice</b>		14. NAME OF HUSBAND OR WIFE <b>Alberta B. Winn</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 Address <b>Alberta B. Winn Deepriver, Iowa</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>Coronary Thrombosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 _____ a.m. _____ p.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. I attended the deceased from <b>Nov 10-63</b> to <b>Nov 10-63</b> and last saw him alive on <b>Nov 10-1963</b> Death occurred at <b>4:00 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>J. T. Garrison M.D.</b>				22b. ADDRESS <b>Nowinger Mo</b>		22c. DATE SIGNED <b>11-11-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-11-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Coffey Cemetery</b>		23d. LOCATION (City, town, or county) <b>Schuyler County, Missouri</b>		(State)
24. FUNERAL DIRECTOR <b>Dee Kiley Funeral Home, Inc.</b> ADDRESS <b>415 North Franklin Kirksville, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>11-11-1963</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Patliff</b>		

Permit issued Nov. 11, 1963

H. T. GARRISON, M.D.

DEC 10 1963

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 Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kubsville, 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.