

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049059

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No. 427

Registrar's No. 1

STATE FILE NUMBER

FILED JAN 4 1964

VS 300
Rev. 4/59

1 0850

2 0710

3 0

4 1

5 0

6 0

7 2

8 4/22

9 10

10 1-2

11 1-0

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Plaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Rolla Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville Gen. Hosp.		d. STREET ADDRESS Route 2 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Kenneth Middle Jerome Last Winfrey		4. DATE OF DEATH Month Dec. Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/18/06
9. AGE (last birthday) 57		10. IF UNDER 1 YEAR Months 1 Days 5 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station		10b. KIND OF BUSINESS OR INDUSTRY Service Station	
11. BIRTHPLACE (City and state or country) Brumley, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wm. M. Winfrey		13b. MOTHER'S MAIDEN NAME Augusta Patterson	
14. NAME OF HUSBAND OR WIFE Nellie Winfrey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 469-05-2277		17. INFORMANT Nellie Winfrey Rolla, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary edema + DUE TO (b) bilateral lobar pneumonia DUE TO (c) asthma, bronchiectasis + Cardio Vascular Renal disease		INTERVAL BETWEEN ONSET AND DEATH 48 hours Several months	
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. 	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 Rolla		
20g. COUNTY Phelps		20h. STATE Missouri	
21. I attended the deceased from May 1946 to Dec 23, 63 and last saw her alive on Dec 23, 63 Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard E. Pyard		22b. ADDRESS Newburg, Mo	
22c. DATE SIGNED Dec 29, 63		22d. DATE SIGNED Dec 29, 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/26/63	23c. NAME OF CEMETERY OR CREMATORY Roach Cemetery	23d. LOCATION (City, town, or county) (State) Phelps Co., Missouri
24. FUNERAL DIRECTOR Lee Johnson	ADDRESS Newburg, Missouri	25. DATE RECD. BY LOCAL REG. 1-4-64	26. REGISTRAR'S SIGNATURE Outa Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

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 W. L. Strawn

Licensed Embalmer No. 5043

P. O. Address Newburg, 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.