

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5326**

FILED MAR 2 - 1953

0340

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5406</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution/ residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour, R, Lincoln</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour, Rural, Lincoln</u>			0340
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Martha</u>		b. (Middle) <u>Elmira</u>		c. (Last) <u>Winfrey</u>	
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>13</u>		(Year) <u>53</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8-7-73</u>	
9. AGE (In years, less birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Seymour, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J. Bean</u>			13b. MOTHER'S MAIDEN NAME <u>Susie Goss</u>			14. NAME OF HUSBAND OR WIFE <u>Birch Winfrey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B. J. Winfrey</u>		ADDRESS <u>Bluejacket, Okla.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>					?
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arteriosclerosis</u>					?
		DUE TO (c) <u>Chronic Myocarditis</u>					10 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<u>334X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-14</u> , 19 <u>52</u> , to <u>2-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-13</u> , 19 <u>53</u> and that death occurred at <u>2:15 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. C. Gentry</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Ava, Mo</u>		23c. DATE SIGNED <u>2-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bluejacket</u>		24d. LOCATION (City, town, or county) (State) <u>Bluejacket, Okla.</u>		
DATE REC'D BY LOCAL REG. <u>2-27-53</u>		REGISTRAR'S SIGNATURE <u>W. E. Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Linkingbeard Funeral Home, Ava, Mo.</u>			

**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 .....  
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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 this body is not embalmed, fact should be so stated above.