

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **25929**

**FILED JUL 22 1953**

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5984</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Tulsa</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Hwy 66 Liberty</u> )		c. LENGTH OF STAY (in this place) <u>--</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tulsa</u>		<u>8350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy 66 8 Miles West Wayneville</u>				d. STREET ADDRESS (If rural, give location) <u>1606 So. XXXXX Chyenne</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>Donald</u>		c. (Last) <u>Winn</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>14</u>		(Year) <u>53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov 4 1937</u>		9. AGE (In years last birthday) <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tulsa Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Donald L Winn</u>			13b. MOTHER'S MAIDEN NAME <u>Elsie Jo Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donald L Winn</u> ADDRESS <u>Tulsa Oklahoma</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Trauma to Brain</u>					
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Auto Accident</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>8 Mi West Of Wayneville 088 Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14 53 4P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>Dead on arrival</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Billy Joe Hedger Cocon</u>				23b. ADDRESS <u>Crocker Missouri</u>		23c. DATE SIGNED <u>July 15 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 15, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sennete Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tulsa Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>7-15-53</u>		REGISTRAR'S SIGNATURE <u>Tula Gene Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Billy Joe Hedger Crocker Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

850  
3

Aug 1 1953

Date Filed 9-18-53  
File Number

RECEIVED 9-15-53  
Pulaski County Health Officer

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 Clarence Thomas

Licensed Embalmer No. 4296

P. O. Address Waymire 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.