No. 300
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m Steinberger
FILED MAR 21 1955

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

State File No. 7727

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 36

**1. PLACE OF DEATH**
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place): 10Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dunklin Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
e. STREET ADDRESS (If rural, give location): 104 West 7th St.

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**3. NAME OF DECEASED** (Type or Print)
a. (First): Junie
b. (Middle): Elmer
c. (Last): Wynn

**4. DATE OF DEATH** (Month) (Day) (Year): Mar. 8th- 1955

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: July 31- 1890
**9. AGE** (In years last birthday): 64 — IF UNDER 1 YEAR: Months 5, Days 8 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Maintanence Man
**10b. KIND OF BUSINESS OR INDUSTRY**: City Light Co.
**11. BIRTHPLACE** (City and State or Foreign Country): Faxon Tenn. 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Wynn
**13b. MOTHER'S MAIDEN NAME**: Caledonia Ellison
**14. NAME OF HUSBAND OR WIFE**: Lora Wynn

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No. (If yes, give war or dates of service): XX
**16. SOCIAL SECURITY NO.**: 371-10-4152
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Lora Wynn 104 W. 7th Kennett Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolis — INTERVAL BETWEEN ONSET AND DEATH: 4-5 minutes

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Thrombophlebitis at lower leg — 5 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Torsion of Omentum with incarceration in hernia sac — 463X

**19a. DATE OF OPERATION**: 2-26-55
**19b. MAJOR FINDINGS OF OPERATION**: Torsion Omentum descending into rt. Inj. Hernia
**20. AUTOPSY?** YES ☐ NO ☑

**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 2-26, 1955, *to* 3-8, 1955, *that I last saw the deceased alive on* 3-8-, 1955, *and that death occurred at* 4.45P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Paul C. Mittenberger M.D. 0
**23b. ADDRESS**: Kennett Mo.
**23c. DATE SIGNED**: 3-16-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Mar. 10-55
**24c. NAME OF CEMETERY OR CREMATORY**: Sumack Cemetery
**24d. LOCATION** (City, town, or county) (State): Kennett Mo.

**DATE REC'D BY LOCAL REG.**: 3-17-1955
**REGISTRAR'S SIGNATURE**: Carl Husband 99
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Lentz Service Kennett Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-19-55
COUNTY FILE NUMBER 3-55-8

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar Lee Ford

Licensed Embalmer No. 443

P. O. Address Kennett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.