S. No. 300
V. 10.48

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5866

State File No.

BIRTH NO. REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 4442 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higbee
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Randolph
c. CITY OR TOWN: Higbee 0880 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Randolph Street

3. NAME OF DECEASED (Type or Print)
a. (First): CALVIN
b. (Middle): —
c. (Last): WINN

4. DATE OF DEATH (Month) Feb (Day) 12 (Year) 1957

5. SEX: Male
6. COLOR OR RACE: white 0
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: oct 11-1880
9. AGE (In years last birthday): 77 — If under 1 year: Months 4, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): Howard Co - 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: John Thomas Winn
13b. MOTHER'S MAIDEN NAME: Ann Reed
14. NAME OF HUSBAND OR WIFE: naoma winn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 486-20-4146
17. INFORMANT'S SIGNATURE OR NAME: naoma winn — **ADDRESS**: Higbee 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) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombotic Encephalomalacia and Cerebral Hemorrhage — unkn

DUE TO (c) Advanced Arteriosclerosis — unkn

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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* 1-23, 1957, *to* 2-12, 1957, *that I last saw the deceased alive on* 2-12, 1957, *and that death occurred at* 6:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Per J. Brolinson D.O.
23b. ADDRESS: Higbee Mo
23c. DATE SIGNED: 2-14-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 14-57
24c. NAME OF CEMETERY OR CREMATORY: Myers Chapel
24d. LOCATION (City, town, or county) (State): So Higbee Mo

DATE REC'D BY LOCAL REG.: 2-15-57
REGISTRAR'S SIGNATURE: Joe W Burton
25. FUNERAL DIRECTOR'S SIGNATURE: H-S-Roberson — **ADDRESS**: Higbee Mo

(Licensed Embalmer's Statement on Reverse Side)

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

152 0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. S. R. Nelson.

Licensed Embalmer No. 300

P. O. Address Higbee

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