

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021893
STATE FILE NUMBER

FILED JUN 27 1957

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY: (If outside corporate limits, give TOWNSHIP only) OR TOWN Tywappity		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Route 3
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. Route 3		Length of stay in 1b 38 Years	d. STREET ADDRESS Rt. 3 Charleston
3. NAME OF DECEASED (Type or print) First Middle Last Winifred Lane Fletcher			4. DATE OF DEATH Month Day Year 6/16/57
5. SEX Female	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 11/23/1903
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Karbers Ridge, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Ulysess S. Lane	
14. MOTHER'S MAIDEN NAME Mollie Buchanan		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. 493-32-9432		17. INFORMANT Armer Fletcher, Charleston, 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) Gun shot wound thru brain			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (1)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fired one shot thru brain with 38 Cal. Revolver
20c. TIME OF INJURY Hour a. m. 10:15 Month, Day, Year 6/16/57	20d. INJURY OCCURRED Self inflicted		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Rt. # 3 Charleston Miss.	COUNTY Missouri	STATE Missouri
21. I attended the deceased from After death as Coroner and last saw her alive on 10:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. H. Hinkle Coroner		22b. ADDRESS 2 Charleston, Missouri.	22c. DATE SIGNED 6/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/20/57	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) Charleston, Mo.
24. FUNERAL DIRECTOR ADDRESS The Nunnelee Funeral Chapel Charleston, Mo.	25. DATE RECD. BY LOCAL REG. 6-23-57	26. REGISTRAR'S SIGNATURE Dorothy S. Hathorn	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
Miss. Co. Health De
County File No. _____
Date Filed 6-26

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed John F. Neimelee, Jr.
Licensed Embalmer No. 38

P. O. Address Charleston

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