Health, Welfare Public Service

. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029794
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stella — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home — Length of stay in Ib: 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Stella — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 0130 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Mamie Darr Middle: Love Last: Winfrey
4. DATE OF DEATH: Month: Aug Day: 3 Year: 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Nov. 7 1880
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months: 8 Days: 27 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Russelville Arkansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Grome Love
14. MOTHER'S MAIDEN NAME: Susan Darr
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Reta Dawson Address: Seminole, Oklahoma

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Circulatory Collapse
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial Failure — Minutes
DUE TO (c): Arteriosclerotic Cardiovascular disease — Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-18-58, to 8-3-58 and last saw her alive on 8-3-58
Death occurred at 2:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C R Holman (Degree or title) D.O.
22b. ADDRESS: Stella, Missouri
22c. DATE SIGNED: 8-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-3-58
23c. NAME OF CEMETERY OR CREMATORY: El Reno Cem
23d. LOCATION (City, town, or county) (State): El Reno, Oklahoma
24. FUNERAL DIRECTOR: W. Morris Pope ADDRESS: Wheaton, Mo
25. DATE RECD. BY LOCAL REG.: 8-5-58.
26. REGISTRAR'S SIGNATURE: Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

545

RECEIVED

District Health Officer No. Newton

District File Number 858-170

Date Filed AUG 19 1958

AUG 27 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm Morris Logue

Licensed Embalmer No. 34

P. O. Address Wheaton

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.