Health, Welfare Public Service

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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

58-046532
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12592

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Length of stay in 1b: 4 DAYS

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: MADISON
c. CITY OR TOWN: EDWARDSVILLE — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): RR #4 — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First GILBERT Middle Last WINGFIELD

**4. DATE OF DEATH** Month 12 Day 28 Year 1958

**5. SEX:** MALE **6. COLOR OR RACE:** WHITE **7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH:** 11-29-1919 **9. AGE** (In years last birthday): 39

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARM WORK
**10b. KIND OF BUSINESS OR INDUSTRY:** KASEBERG FARM
**11. BIRTHPLACE** (City and state or country): EDMONSTON CO., KY.
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** LONNIE WINGFIELD
**14. MOTHER'S MAIDEN NAME:** MINNIE SPINKS

**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.:** —
**17. INFORMANT:** Audrey Jenson Address: R.R 4 Edwardsville Ill

**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) Multiple Fractures
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hemothorax, right side
DUE TO (c) E 812.4 25

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERIPHERAL DISEASE CONDITION LEADING TO DEATH: Patient was aspirated by one, French Hutchins

**19. WAS AUTOPSY PERFORMED?** YES ☒ NO ☐

**20a. ACCIDENT** ☒ **SUICIDE** ☐ **HOMICIDE** ☐ Verdict

**20b. DESCRIBE HOW INJURY OCCURRED** (Enter nature of injury if fatal by Part I or Part II): Madison Cnty. ofafat 1120 pm., December 24, 1958. Cause and Manner of same could not be determined

**20c. TIME OF INJURY** Hour 1120 p. m. Month, Day, Year 12 24 58

**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.): 32

**20f. CITY, TOWN, OR LOCATION:** Granite City **COUNTY:** 812 **STATE:** Ill.

**21.** I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 1125 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE:** Patrick J. Taylor (Degree or title) Coroner 3
**22b. ADDRESS:** 1300 Clark Ave.
**22c. DATE SIGNED:** 12/29/58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**23b. DATE:** 12-29-'58
**23c. NAME OF CEMETERY OR CREMATORY:** ST. JOHNS CEMETERY
**23d. LOCATION** (City, town, or county) (State): GRANITE CITY, ILLINOIS

**24. FUNERAL DIRECTOR:** Frank Mercer **ADDRESS:** Granite City Ill
**25. DATE REC'D BY LOCAL REG.:** DEC 29 '58
**26. REGISTRAR'S SIGNATURE:** J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 Winston C. Williams

Licensed Embalmer No. 50

P. O. Address Granite City

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.