

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009183

STATE FILE NUMBER

FILED APR 14 1959

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

86

1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY			
b. CITY OR TOWN CLINTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN DEEPWATER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location)- HOSPITAL OR INSTITUTION WETZEL OSTEOPATHIC HOSP.			Length of stay in lb 1	d. STREET ADDRESS (If outside, give location) NONE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle ALFRED Last WINN				4. DATE OF DEATH Month APRIL Day 2 Year 1959			
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 24, 1887		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 3 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and state or country) ST. CLAIR COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME DAWSON WINN			13b. MOTHER'S MAIDEN NAME MELVIANNE TURNER		14. NAME OF HUSBAND OR WIFE LENA WINN		
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. 495-01-4498		17. INFORMANT Grace Lewis		Address Deepwater 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) PULMONARY EDEMA						INTERVAL BETWEEN ONSET AND DEATH HR	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) VASCULAR COLLAPSE						Min	
DUE TO (c) CORONARY OCCLUSION						HR.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GEN. Atherosclerosis						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour 9:29 Month, Day, Year Dec. 10, 1958 a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Dec. 10, 1958 to APRIL 2 and last saw ^{him} alive on 4-2-59 Death occurred at 9:29 AM on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Arthur Gonzalez MD		22b. ADDRESS 717 E. Jefferson Clinton, Mo	
22c. DATE SIGNED 4-2-59							
23a. BURIAL, CREMATION, REMOVAL (Specify) Personal		23b. DATE 4-5-59	23c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery		23d. LOCATION (City, town, or county) (State) Deepwater MO.		
24. FUNERAL DIRECTOR Melvin L. Larsson			ADDRESS Deepwater	25. DATE RECD. BY LOCAL REG. 4-5-59		26. REGISTRAR'S SIGNATURE Melbaud Bigum	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Print names in Part I must be clearly related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or

....., Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. Pelini L. Janssens*
Licensed Embalmer No. *4529*
P. O. Address *Appleton, Wis.*

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