

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015980
STATE FILE NUMBER
2 4002

FILED MAY 11 1959 Registration District No. _____ Primary Registration District No. _____ Registration No. 4002

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2618 Cole St</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JESSIE NMN WINGO</u>			4. DATE OF DEATH Month Day Year <u>APRIL 20, 1959</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 2, 1900</u>	9. AGE (In years) <u>58</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
----------------------	-------------------------------	---	---	---	--

10a. USUAL OCCUPATION (Give last of work done during most of working life, even if retired) <u>LAUNDRY WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CENTRAL LAUNDRY</u>	11. BIRTHPLACE (City and state or country) <u>Humboldt, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	---

13a. FATHER'S NAME <u>JACK BARKER</u>	13b. MOTHER'S MAIDEN NAME <u>ENNIS THOMAS</u>	14. NAME OF HUSBAND OR WIFE <u>Bobby Lee Wingo</u>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-12-8037</u>	17. INFORMANT <u>Mrs. Clara Lyons</u> Address <u>2618 Cole St.</u>
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INTRACRANIAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 DAYS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CONGENITAL INTRACRANIAL ANEURYSM</u>		<u>58 YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>330x</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <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 APRIL 12, 1959 to APRIL 20, 1959 and last saw her alive on APRIL 20, 1959
Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>F. R. Brudley</u> (Degree or title) M. D.	22b. ADDRESS <u>BARNES HOSPITAL</u>	22c. DATE SIGNED <u>4/21/59</u>
--	--	------------------------------------

23a. BURIAL, CREMATION, REBURY (Specify) <u>Burial</u>	23b. DATE <u>4/27/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Ave Cty, Mo.</u>
---	-----------------------------	---	--

24. FUNERAL DIRECTOR <u>English Und. Co.</u> ADDRESS <u>1123 N. Taylor</u>	25. DATE RECD. BY LOCAL REG. <u>APR 23 '59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
---	---	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
3
19.3
0

STATE OF TEXAS

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 by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *45-00 Newberry*

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.