

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 5 1960

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STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 499

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 1 yr	c. CITY OR TOWN Bonne Terre Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 133 SW. Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last * J O S E P H D A V I D W I N S T O N			4. DATE OF DEATH Month Day Year Dec 23 1959		
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5. SEX Male	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 1-21-1911	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) St Francois Co Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME David Winston	13b. MOTHER'S MAIDEN NAME Julie Morice	14. NAME OF HUSBAND OR WIFE Dorothy Winston
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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. **	17. INFORMANT Dorothy Winston	Address Bonne Terre, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tri cuspid insufficiency.		INTERVAL BETWEEN ONSET AND DEATH Unknown
DUE TO (b) Rheumatic heart disease.		Several Years
DUE TO (c) _____		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from Approx. 1 yr. ago 12/23/59 and last saw him alive on 12/14/59 Death occurred at 7:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 12/26/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY St Joseph's Catholic	23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
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24. FUNERAL DIRECTOR C Z Boyer & Son Inc	ADDRESS Bonne Terre	25. DATE RECD. BY LOCAL REG. Dec. 28, 1959	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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BY AFFIDAVIT OF MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 366

P. O. Address Desloge

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.