Health, & Welfare Public Service

. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED VS FEB 8 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-000497

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. — Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Qulin T — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 90 Residence — Length of stay in lb: 22 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler
c. CITY OR TOWN: Qulin 0120 0 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt # 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Otis Middle: Nixon Last: Winingnear

4. DATE OF DEATH: Month 1 Day 14 Year 1960

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8-16-1900

9. AGE (In years last birthday): 59 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Tom Winingnear

13b. MOTHER'S MAIDEN NAME: Zelphia Anderson

14. NAME OF HUSBAND OR WIFE: Lula Winingnear

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.: 491-18-4933

17. INFORMANT Address: Lula Winingnear Qulin, Mo Rt. # 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Auricular Fibrillation — 2 years
DUE TO (c): Hypertensive Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 443X

19. WAS AUTOPSY PERFORMED? 0 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 1957, to 14 Jan 60 and last saw him alive on 11 Jan 1960
Death occurred at 5:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A H Brockman MD

22b. ADDRESS: 3 U Oak Poplar Bluff Mo

22c. DATE SIGNED: 24 Jan 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-17-1960

23c. NAME OF CEMETERY OR CREMATORY: Qulin Cemetery

23d. LOCATION (City, town, or county) (State): Qulin Missouri

24. FUNERAL DIRECTOR ADDRESS: Russell Mortuary Piggott, Ark

25. DATE REGD. BY LOCAL REG.: 1/28/60

26. REGISTRAR'S SIGNATURE: [signature]

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

Student ..... Signed Gerald W. Hoggard
Signature of Student Embalmer

Licensed Embalmer No. 1116 Ark

P. O. Address Piggott

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.