

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027595
STATE FILE NUMBER

FILED VS JUL 28 1960

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 124

ENDED

1. PLACE OF DEATH Lake View Rest Home				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Macon		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon Hudson		a. STATE Mo.		b. COUNTY Macon	
Length of stay in 1b Life		c. CITY OR TOWN Macon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeview Rest Home			Inside Limits Y <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Bourke St.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED Mary Rachel Winn				4. DATE OF DEATH Month 7 Day 9 Year 60			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2 19 77	9. AGE (last birthday) 83	IF UNDER 1 YEAR	IF UNDER 24 HR
						Months	Days
						Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Macon Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joel Gant Mathews			13b. MOTHER'S MAIDEN NAME Mary Elizebeth Gee			14. NAME OF HUSBAND OR WIFE Henery Winn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Reba Tipyin Macon 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) Cardio renal Insufficiency						INTERVAL BETWEEN ONSET AND DEATH 2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility						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	
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 _____ a.m. _____ p.m.	Month _____ Day _____ Year _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Feb 1950 to July 9, 1960 and last saw her alive on July 1 1960 Death occurred at 2:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Donald E Eggleston MD				22b. ADDRESS Macon Missouri			22c. DATE SIGNED 18 July 60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-16-60	23c. NAME OF CEMETERY OR CREMATORY Oakwood		23d. LOCATION (City, town, or county) Macon		(State) MO
24. FUNERAL DIRECTOR Bran Funeral Home			ADDRESS Macon Mo		25. DATE RECD. BY LOCAL REG. 7-19-60	26. REGISTRAR'S SIGNATURE Ruth M. Reedy	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *C. Beckwith*

Licensed Embalmer No. 322

P. O. Address Macon

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