IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 20 1960

-60-028022
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 254

1. PLACE OF DEATH
a. COUNTY: St. Francios
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre, Mo.
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Wash.
c. CITY OR TOWN: Potosi
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 1
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Archie Middle: Albert Last: Winick
4. DATE OF DEATH: Month: July Day: 14 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-17-91
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Tiff Mining
11. BIRTHPLACE (City and state or country): Willow Spring, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Archie A. Winick
13b. MOTHER'S MAIDEN NAME: Nancy Ann Lynch
14. NAME OF HUSBAND OR WIFE: Mary K. Winick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-12-8708
17. INFORMANT: Charles Winick Address: Potosi, Rl Mo.

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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: unk.
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): Long standing degenerative arthritis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? 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 7-12-60, to 7-14-60 and last saw her/him alive on 7-14-60
Death occurred at 6:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Bonne Terre, Mo.
22c. DATE SIGNED: 7-16-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-17-60
23c. NAME OF CEMETERY OR CREMATORY: Furnace Creek
23d. LOCATION (City, town, or county) (State): Potosi, Rt. 1. Mo.
24. FUNERAL DIRECTOR: Sparks ADDRESS: Potosi, Missouri
25. DATE RECD. BY LOCAL REG.: July 16, 1960
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Donald Sparks

Signature of Student Embalmer

Licensed Embalmer No. 481

P. O. Address Potosi,

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