

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030123

FILED VS AUG 3 1 1960

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. L69

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1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
Length of stay in lb <u>25 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 3</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Andrew</u> Last <u>Winberry</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>17</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-10-1880</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Dexter, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Winberry</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Della Winberry</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>unknown</u>		17. INFORMANT Address <u>Della Winberry, Kennett, Mo.</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>Cerebral Hemorrhage</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>July 29, 1960</u>	
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	

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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>		

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.) <u>July 29, 1960</u>	20f. CITY, TOWN, OR LOCATION <u>Anytown, Mo.</u>	COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>July 29, 1960</u> to <u>Aug 15, 1960</u> and last saw him alive on <u>Aug 19, 1960</u> . Death occurred at <u>approximately 10:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>George Winberry M.D.</u>	(degree or title)	22b. ADDRESS <u>Kennett, Mo.</u>	22c. DATE SIGNED <u>8/19/60</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>burial</u>	23b. DATE <u>8-19-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Kennett Missouri</u>

24. FUNERAL DIRECTOR <u>McDaniel Funeral Ser. Kennett, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8-24-1960</u>	26. REGISTRAR'S SIGNATURE <u>Earl H. ...</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Tommy L. Roberts

Licensed Embalmer No. 4-886

P. O. Address Kennett

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.