URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 6 1961

-60-047021

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. — Registrar's No. 150

ENDED

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Uniin Twp. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South of Longtown — Inside Limits Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print) First Raymond Middle Edward Last Winschel
4. DATE OF DEATH Month Dec. Day 25, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐ Sept. 26
8. DATE OF BIRTH 1940
9. AGE (last birthday) 20 — 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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Louis Winschel
13b. MOTHER'S MAIDEN NAME Flora Meyer
14. NAME OF HUSBAND OR WIFE
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 Louis Winschel, Perryville, Address Mo., R.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) Fractured neck + skull
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Automobile Collision
DUE TO (c) Coronar of Perry County, Mo.
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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.) Impact Collision
20c. TIME OF INJURY Hour 120 a.m. Month, Day, Year 12 25 60 With - Another Car
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.) Farm Road 17/10 miles
20f. CITY, TOWN, OR LOCATION LONGTOWN COUNTY Perry STATE Mo

21. I attended the deceased from Coronar of Perry County, Mo., to Coronar of Perry County, Mo. and last saw her/him alive on
Death occurred at 11:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C M Williams Coronar of Perry County, Mo.
22b. ADDRESS Perryville Mo.
22c. DATE SIGNED 12/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 28, 1960
23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery
23d. LOCATION (City, town, or county) (State) Schnurbusch, Mo.

24. FUNERAL DIRECTOR Albert Bey, ADDRESS Perryville, Mo.
25. DATE RECD. BY LOCAL REG. 12-28-60
26. REGISTRAR'S SIGNATURE Jos J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

~~under~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____ Albert Bey

Signature of Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Perryville, M

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