

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026083

STATE FILE NUMBER

AMENDED

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 36

FILED AUG 1 1961

|  |  |   |  |  |   |  |
|--|--|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Morgan</u>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Versailles</u>   |  | Length of stay in 1b<br><u>1 Hour</u>   | c. CITY OR TOWN <u>Laurie</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Gunn Clinic</u>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Souetta Lea</u> Middle <u>Weinstein</u> Last   |  |   | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>25</u> Year <u>1961</u>   |  |   |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>Col.</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7-27-1985</u>   | 9. AGE (last birthday)<br><u>26</u>  | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Camden, Co., Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Buster Laurie</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Eula Elsie Chipley</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Harvin Weinstein</u>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  |   | 17. INFORMANT<br>Address<br><u>Buster Laurie Laurie, Missouri</u>  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| IMMEDIATE CAUSE (a) <u>Crushed chest + ruptured spleen</u>   |  |   |  |  | <u>1 hr.</u>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  |   |  |  |   |  |
| DUE TO (b) <u>Auto accident</u>  |  |   |  |  |   |  |
| DUE TO (c)   |  |   |  |  |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input checked="" 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<br>Hour <u>9:00</u> p.m. Month, Day, Year <u>July 25, 1961</u>   | 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.)<br><u>Highway (Auto)</u>   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><u>7mi So. GRAVOIS MILLS, MORGAN, Mo</u>  |  |   |  |
| 21. I attended the deceased from <u>7-25-61</u> , to <u>7-25-61</u> and last saw her/him alive on <u>7-25-61</u><br>Death occurred at <u>11 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Jack Gunn MD</u>  |  |   | 22b. ADDRESS<br><u>Versailles Mo.</u>  |  | 22c. DATE SIGNED<br><u>7.28.61</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>28 July 61</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Ozark Chapel Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Morgan County, Mo.</u>   |  |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Kidwell Funeral Home Versailles, Mo.</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>7-31-61</u>  | 26. REGISTRAR'S SIGNATURE<br><u>J L Washburn</u>   |  |   |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Raymond C. Linder*

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

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.