MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0014152
STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 305

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED MAR 28 1966

1. PLACE OF DEATH
a. COUNTY Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Winona — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home 1mi north — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First: Barbara Middle: Ann Last: VanWinkle
4. DATE OF DEATH Month: March Day: 11 Year: 1966
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-15-66
9. AGE (last birthday): — IF UNDER 1 YEAR Months: — Days: 27 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): Mtn. View, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Richard L. VanWinkle
13b. MOTHER'S MAIDEN NAME: Mary J. Teague
14. NAME OF HUSBAND OR WIFE: None
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.: —
17. INFORMANT: Richard L VanWinkle — Address: Winona 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) BURNED ALIVE (ACCIDENTAL CREMATION) — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) HOUSE FIRE — 10 MIN.
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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.) Accidental sudden house fire
20c. TIME OF INJURY Hour: 7 a.m. p.m. Month, Day, Year: 3-11-66
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: Winona COUNTY: Shannon STATE: Mo.
21. I attended the deceased from ON 3-11-66 to — and last saw her alive on —
Death occurred at 7 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Denton Wilson, D.O. (Degree or title) — Coroner
22b. ADDRESS: Eminence, Mo.
22c. DATE SIGNED: 3-21-66
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-13-1966
23c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Ceme
23d. LOCATION (City, town, or county): Winona (State): Mo.
24. FUNERAL DIRECTOR: Ernest E. Clary — ADDRESS: Winona, Mo.
25. DATE RECD. BY LOCAL REG.: 3-26-66
26. REGISTRAR'S SIGNATURE: Grace Rollins

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1010		
2	1010		
3			
4	1		
5	0		
6			
7	D		
8	2		
9	9160		
10	16		
11	101		
12	90-3		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

APR 7 1967

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 Ernest E. Clary

Licensed Embalmer No. 5118

P. O. Address Winona, 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.