

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0014153

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 306

FILED MAR 28 1966

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1010

2 1010

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4 0

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9 9160

10 16

11 101

12 90-03

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SHANNON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona Twp</u>		c. CITY OR TOWN <u>Winona</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home 1 mi. North</u>		d. STREET ADDRESS (If outside, give location) <u>At Home 1 mi. North</u>	
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>David</u> Last <u>VanWinkle</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>11</u> Year <u>1966</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-26-63</u>
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) <u>Mt. View, Mo.</u>
13a. FATHER'S NAME <u>Richard L. VanWinkle</u>		13b. MOTHER'S MAIDEN NAME <u>MARY J. Teague</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Richard L. VanWinkle, Winona, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>BURNED ALIVE (ACCIDENTAL CREMATION) HOUSE FIRE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN. 10 MIN.</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 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.) <u>Accidental sudden house fire</u>	
20c. TIME OF INJURY Hour <u>7</u> p.m. Month, Day, Year <u>3-11-66</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>at home</u>		20f. CITY, TOWN, OR LOCATION <u>Winona</u> COUNTY <u>Shannon</u> STATE <u>Mo.</u>	
21. I attended the deceased on <u>3-11-66</u> at <u>7 p.m.</u> and last <u>seen alive on</u> <u>7 p.m.</u> Death occurred at <u>7 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Denton Wilson, D.O. - Colonel</u>		22b. ADDRESS <u>Coronville, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-13-1966</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Ceme.</u>		23d. LOCATION (City, town, or county) (State) <u>Winona Mo.</u>	
24. FUNERAL DIRECTOR <u>Ernest E. Clary - Winona, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-26-1966</u>	
26. REGISTRAR'S SIGNATURE <u>Maude Rall</u>			

USE BLACK INK OR TYPEWRITER RIBBON

APR 7 1966

REMOVED ALIVE (ACCIDENTAL) 2 MIN. 10 MIN. FIRE

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.

Decedent's name was fine

Student _____

Signature of Student Embalmer

Mr. [unclear]

Signed *Robert C. Colary*

Licensed Embalmer No. 5118

P.O. Address Winona, Mo.

*at 11-55
11-55
11-55*

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.

11-55

Winona, Mo.