

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38478

State File No. ....

FILED DEC 8 1953

BIRTH NO. ....		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>122</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>			
b. CITY OR TOWN <u>Carrollton</u>		c. LENGTH OF STAY (in this place) <u>3 hrs.</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Staton Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3 mi. W. of Bogard, Mo.</u>			
3. NAME OF DECEASED a. (First) <u>C. LAYBORNE</u> b. (Middle) <u>AUSTIN</u> c. (Last) <u>WINFREY</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 9, 1903</u>	
9. AGE (In years last birthday) <u>50</u>		10. UNDER 1 YEAR Months Days Hours Min. <u>50</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>Farm</u>			
13a. FATHER'S NAME <u>C. J. Winfrey</u>				13b. MOTHER'S MAIDEN NAME <u>Phoebe Cowles Hazel White Winfrey</u>			
14. NAME OF HUSBAND OR WIFE <u>Mrs. C. A. Winfrey</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if so, specify) <u>No</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. A. Winfrey</u> ADDRESS <u>Bogard Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Smoking</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____				MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov. 25, 1953</u> to <u>Nov. 25, 1953</u> that I last saw the deceased alive on <u>Nov 23, 1953</u> , and that death occurred at <u>12:22 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Hamilton Staton, M.D.</u> (Degree or title)				23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>Nov. 27/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/27/53</u>		REGISTRAR'S SIGNATURE <u>Mr. Sherbert Calvert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *Ben W. Gibson*.....

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*.....

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.