

FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 36774  
Registrar's No. 232

BIRTH NO. _____		REG. DIST. NO. 55		PRIMARY REG. DIST. NO. 5208		Registrar's No. 232	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY OR TOWN <u>Rural (Wakanda Twp)</u>		c. LENGTH OF STAY (In this place) <u>6 mo</u>		c. CITY OR TOWN <u>Carrollton MO</u>		d. In 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>Wakanda Twp</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Wakanda Twp 3 mi so Carrollton</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Johnnie</u>		b. (Middle) <u>Chandler</u>		c. (Last) <u>Winfrey</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>5</u>		(Year) <u>1954</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>Sept 24, 1930</u>	
9. AGE (In years last birthday) <u>24</u>		10. a. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Track Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hale, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>REUBEN WINFREY</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES CHANDLER</u>		14. NAME OF HUSBAND OR WIFE <u>SHIRLEY SHIELDS WINFREY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>41350 to 41453 488-34-1388</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOHNNIE WINFREY</u> ADDRESS <u>CARROLLTON 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowned in Mo River</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Boat turned over</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E850 X</u> <u>38</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MISSOURI RIVER</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>WAKANDA TWP. CARROLL, MO</u>		21d. HOW DID INJURY OCCUR? <u>Boat ACCIDENTAL TURNED OVER</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 5 - 54 10 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Dec 5</u> , 19 <u>54</u> , and that death occurred at <u>10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Larry Dickerson</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Boyard MO</u>		23c. DATE SIGNED <u>12/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem Carrollton Mo</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>12/10/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Verberth</u>		45-10		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton - MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

ESB 1 5 1964

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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. 296

P. O. Address Carroll

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.