

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36454**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1312

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>34 Years</u>		d. STREET ADDRESS (If rural, give location) <u>724 Prospect Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>724 Prospect Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>Israel</u>	c. (Last) <u>Winfrey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1949</u>
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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>April 20, 1879</u>	9. AGE (In years last birthday) (Month) (Days) (Hours) (Mins.) <u>70</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Candy Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Chase Candy Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Wathena, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dr. Americus V. Winfrey</u>	13b. MOTHER'S MAIDEN NAME <u>Sabina Goff</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa M.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-09-6974</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rosa M. Winfrey</u>	ADDRESS <u>724 Prospect</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerosis</u> DUE TO (c) <u>Cardio vascular disease</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11.26, 1949, to 11.27, 1949, that I last saw the deceased alive on Nov 27, 1949, and that death occurred at 10:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. L. Grant M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>11.28.49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-29-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 2, 1949</u>	REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. ...</u>	ADDRESS <u>St. Joseph Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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 this body is not embalmed, fact should be so stated above.