

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20167**  
Registrar's No. **2498**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jackson</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
c. LENGTH OF STAY (in this place) <b>25 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		d. STREET ADDRESS (If rural, give location) <b>5415 E. 55 St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Winifred</b>	b. (Middle) <b>May</b>	c. (Last) <b>Drew</b>	<b>6</b>	<b>4</b>	<b>50</b>
<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>May 1, 1911</b>		<b>9. AGE</b> (In years last birthday) <b>39</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>at home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Colorado</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S.</b>

<b>13a. FATHER'S NAME</b> <b>Clyde Williams</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ethel Darst</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Leslie Drew</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>498-30-0999</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Leslie Drew,</b>	<b>ADDRESS</b> <b>5415 E. 55th. St.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>52X</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary edema</b>		
	<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>DUE TO (b) undetermined cause</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from June 4, 1950, to June 4, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 10:15 Am., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	<b>(Degree or title)</b> <b>B. I. BURNS, M.D.</b>	<b>23b. ADDRESS</b> <b>24th &amp; Cherry</b>	<b>23c. DATE SIGNED</b> <b>6-5-50</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>	<b>24b. DATE</b> <b>6-7-50</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Floral Hills</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-5-50</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Freeman Mortuary</b>	<b>ADDRESS</b> <b>Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*de R...*

**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 E. Zimmerman*

Licensed Embalmer No. *481*

P. O. Address *K. S. 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.