

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37324

State File No. 4757

FILED NOV 25 1950

BIRTH NO. 62851-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4757

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Cass 0190</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rauas City Mo</u>		c. CITY (If outside corporate limits; write RURAL and give township) OR TOWN <u>Harrisonville East Lynn</u>	
c. LENGTH OF STAY (in this place) <u>12 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>No Number</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Brenda</u> b. (Middle) <u>Mae</u> c. (Last) <u>Winegardner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 10 50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>10-31-50</u>	9. AGE (In years last birthday) <u>10</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Harrisonville Mo</u>	

13a. FATHER'S NAME <u>John Winegardner</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Dabbs</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Winegardner</u>	ADDRESS <u>East Lynn Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTRACRANIAL Hemorrhage of Newborn</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Spina Bifida with Meningocele</u>		<u>10 day</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>76¹⁰</u>

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 10:45 AM 10/Nov, 1950, to 10/Nov, 1950, that I last saw the deceased alive on 10/Nov, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Julius M. Kantor</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Angelo Bldg R.C. Mo</u>	23c. DATE SIGNED <u>11/20/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Butter Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-11-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harrisonville Mo</u>	ADDRESS <u>Harrisonville Mo</u>
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(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 _____

working under my personal supervision.

not embalmed

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Wm J. Harrison*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.