

FILED JAN 22 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 1416

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 18		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0425</u> OR TOWN <u>Independence</u>		d. STREET ADDRESS (If rural, give location) <u>10223 E 10th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanatorium</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>			b. (Middle) <u>Allen</u>		c. (Last) <u>Wingate</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan 9, 1951</u>		9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR <u>0</u> MONTHS <u>0</u> DAYS <u>1 1/2</u>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Indep. Mo 0</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Albert R. Wingate</u>			13b. MOTHER'S MAIDEN NAME <u>Blontra Moore</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert R. Wingate</u>		ADDRESS <u>10223 E 10th</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (6 1/2 mos)</u>				ANTECEDENT CAUSES		DUE TO (b) <u>Premature Labor</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Cause unknown</u>		776X		
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 type="checkbox"/>		
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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Jan 9, 1951</u> , to <u>Jan 11, 1951</u> , that I last saw the deceased alive on <u>Jan 11, 1951</u> , and that death occurred at <u>9:00 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Alfred M. O. O.</u> (Degree or title)				23b. ADDRESS <u>1818 Independence St</u>		23c. DATE SIGNED <u>Jan 11, 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Indep. Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan 12-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		354 FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Indep Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 1 9 RECD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>Not</sup> embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Dixon L. Kelsey*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.