

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

State File No. **30474**
Registrar's No. **2812**

FILED SEP 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2812</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> <u>0</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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>29 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>3028</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leeds T.B. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>514 1/2 MAIN</u>			
3. NAME OF DECEASED a. (First) <u>GUY</u> (Type or Print)			b. (Middle) <u>OREN</u>			c. (Last) <u>WINN</u>	
4. DATE OF DEATH <u>Sept 7, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept 30 1899</u>		9. AGE (In years) <u>51</u> last birthday		IF UNDER 1 YEAR: YEAR _____ MONTHS _____ DAYS _____		IF UNDER 1 HRS. HOUR _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (State or foreign country) <u>Marshfield Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gardner Winn</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Roe</u>			14. NAME OF HUSBAND OR WIFE _____	
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>499-09-3992</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. E. WINN</u> ADDRESS <u>219 W. GRAND SPRINGFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>0024</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) _____		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>8-7</u> <u>1951</u> , to <u>9-7</u> , 1951, that I last saw the deceased alive on <u>9-7</u> 1951, and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward P. Altman M.D.</u> (Degree or title)				23b. ADDRESS <u>1030 EAST PACIFIC KANSAS CITY, MISSOURI</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEPT. 9, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-8-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer Sons</u> ADDRESS <u>1331 BROWN CREEK KANSAS CITY, MO.</u>		

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address Ke, 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.