

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33989

State File No. ....

FILED OCT 19 1951

BIRTH NO. _____		REG. DIST. NO. <u>146</u>	PRIMARY REG. DIST. NO. <u>3026</u>	Registrar's No. <u>381</u>
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 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>1533 Evanston</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hurshel</u>		b. (Middle) _____	c. (Last) <u>Winstead</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 12, 1951</u>
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>Feb. 12, 1909</u>	9. AGE (In years last birthday) <u>42</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>0</u> IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Denver, Chicago</u>		11. BIRTHPLACE (State or foreign country) <u>Greenway Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Jake Winstead</u>		13b. MOTHER'S MAIDEN NAME <u>Ora Pearl Dennison</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Winstead</u>
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>489-05-6771</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Vera Winstead</u>
				ADDRESS <u>Indep. 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure, with pulmonary edema and bilateral hydrothorax</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subacute anterior myocardial infarction &amp; acute post. infarction</u>		
		DUE TO (c) <u>Coronary Sclerosis</u>		
		11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) <u>4201</u>
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>October 12, 1951</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m from the causes and on the date stated above.				
23a. SIGNATURE <u>Lorraine E. Schultz, M.D.</u>		23b. ADDRESS <u>Independence San. + Hospital</u>		23c. DATE SIGNED <u>10-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct. 14-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>
				ADDRESS <u>Indep. Mo</u>

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

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OCT 16 REC'D

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**STATEMENT BY LICENSED EMBALMER**

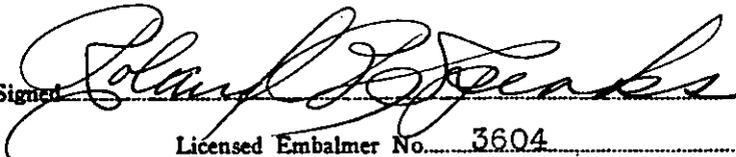
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3604

P. O. Address Independence, 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.