

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20324**
2808

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 33 yrs.		d. STREET ADDRESS (If rural, give location) 2750 Lister	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2750 Lister			

3. NAME OF DECEASED (Type or Print) a. (First) Winifred b. (Middle) B. c. (Last) Allan			4. DATE OF DEATH (Month) (Day) (Year) June 18, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH July 22, 1880		9. AGE (in years last birthday) 71		10. MONTHS 7 YEARS 1 HRS. 0 MIN. 0	
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and State or Foreign Country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Fred Branen		13b. MOTHER'S MAIDEN NAME Ellen Porter		14. NAME OF HUSBAND OR WIFE Steve Allan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-03-0410A		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Stetzler Lister	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalopathy			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage			
		DUE TO (c) Arterial Arteriosclerosis			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			33 1/2

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) (Min.)		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 Oct. 20, 1951, to June 18, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE J. L. Jones (Degree or title) D. O. V.		23b. ADDRESS 3825 Virginia		23c. DATE SIGNED June 18, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/20/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Ceme	
				24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

DATE REC'D BY LOCAL REG. 6-20-52		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons ADDRESS 4139 Truman Rd. K.C. Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William H. Eays

Licensed Embalmer No. 4728

P. O. Address K.C. 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.