

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35286

State File No. 4481

FILED OCT 25 1952

BIRTH NO. 169 527 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) 3828 Bellfontaine	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lakeside Hospital		5. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1952	
3. NAME OF DECEASED a. (First) ADIN		b. (Middle) LOREN	
c. (Last) WINTON		4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1882
9. AGE (In years last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Engineer	11. BIRTHPLACE (City and State or Foreign Country) DePerre, Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Engineer	10b. KIND OF BUSINESS OR INDUSTRY Rock Island R.R.	11. BIRTHPLACE (City and State or Foreign Country) DePerre, Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Mead Loren Winton		13b. MOTHER'S MAIDEN NAME Hattie McFarland	
14. NAME OF HUSBAND OR WIFE Mrs. Mabel Winton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mabel Winton, K.C. Missouri	
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) Hypostatic Pneumonia ANTECEDENT CAUSES DUE TO (b) Brain Hemorrhage DUE TO (c) Arterial Hypertension 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 checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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 11/6/1951 , to 10/12/1952 , that I last saw the deceased alive on 10/12/1952 , and that death occurred at 11:40 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Chas. G. Stephens		23b. ADDRESS 3 E. 39th St. Kansas City, Mo	
23c. DATE SIGNED 10/13/52		24. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	
24a. DATE 10/16/52		24b. LOCATION (City, town or county) (State) Kansas City, Missouri	
24c. DATE REC'D BY LOCAL REG. 10-14-52		24d. REGISTRAR'S SIGNATURE Cereldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME, KCC. KANSAS		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GATES FUNERAL HOME, KCC. KANSAS	

(Licensed Embalmers' Statement on Reverse Side)

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

DR. Chas. Stephens
Werby Bldg.
3975 MAIN
WE4415

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

Jimmy S. Hutchinson
Licensed Embalmer No. 4092
P. O. Address Missouri

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.