

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9012**
1221

FILED APR 7 1954 BIRTH NO. 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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) A. c. (Last) Winkler		4. DATE OF DEATH (Month) (Day) (Year) 3 17 1954	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Columbia Nat. Bnk.		11. BIRTHPLACE (City and State or Foreign Country) Cassville, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Geo. C. Winkler	13b. MOTHER'S MAIDEN NAME Ellen Mae Staltz	14. NAME OF HUSBAND OR WIFE Eula M. Winkler
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. 486-10-2192	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eula Mae Staltz 4447 Myrtle

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 150x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of esophagus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cerebrovascular accident	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 **March 4, 1954**, to **March 17, 1954**, that I last saw the deceased alive on **March 17, 1954**, and that death occurred at **12:55P m.**, from the causes and on the date stated above.

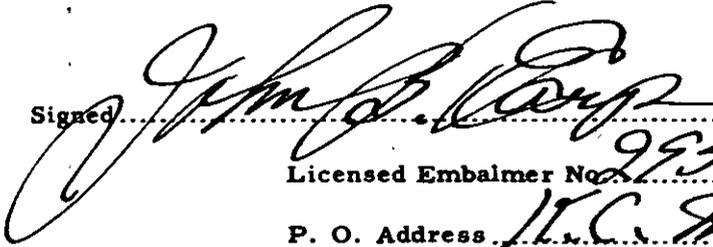
23a. SIGNATURE B.I. Burns M.D. (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 3-17-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
DATE REC'D BY LOCAL REG. 3-18-54	REGISTRAR'S SIGNATURE Sealding Smith	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Farp & Sons 4139 Truman Rd. K.C. Mo		

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.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 293
P. O. Address N.C. 8

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.