

STANDARD CERTIFICATE OF DEATH

23471

State File No. \_\_\_\_\_

FILED JUL 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 83

1. PLACE OF DEATH  
a. COUNTY Johnson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg  
c. LENGTH OF STAY (In this place) Life  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence, 805 N. College

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Johnson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg  
d. STREET ADDRESS (If rural, give location) 805 N. College

3. NAME OF DECEASED  
a. (First) JOHN  
b. (Middle) ESTEL  
c. (Last) WINDERS

4. DATE OF DEATH (Month) (Day) (Year)  
July 5, 1954

5. SEX Male    
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 30, 1904

9. AGE (In years) (Months) (Days) (Hours) (Min.)  
49

10a. USUAL OCCUPATION (Give kind of work appropriate to the working life, even if retired) Brick Mason

10b. KIND OF BUSINESS OR INDUSTRY Masonry Work

11. BIRTHPLACE (State or foreign country) Warrensburg, Johnson Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John M. Winders

13b. MOTHER'S MAIDEN NAME Nevada Prewett

14. NAME OF HUSBAND OR WIFE Gertrude Winders

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. 307-14-0990

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John E. Winders, Warrensburg, Mo.

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) Cerebral hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Essential Hypertension  
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  
immediately  
4 hrs

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION 331X

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13 1954, to July 5, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 10:10 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.

23b. ADDRESS Warrensburg, Missouri

23c. DATE SIGNED 7-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-7-54

24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery

24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

DATE REC'D BY LOCAL REG. July 6, 1954

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. A. Brauntingers, Warrensburg, Missouri

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED  
JUL 12 1954  
JOHNSON COUNTY HEALTH DEPT.

JUL 27 1954

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 *RMB Saunders* .....

Licensed Embalmer No. 3377

P. O. Address Warrickburg, 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.