THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28933

State File No. .....

FILED OCT 5 - 1955

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4033 Registrar's No. 89

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

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amoret
c. LENGTH OF STAY (in this place): about 35
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): --

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN: Amoret
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): --

0070

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Winburn

4. DATE OF DEATH (Month) (Day) (Year): Sept 28 1955

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: about 1878
9. AGE (In years last birthday): about 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): -- Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jessie Winburn
13b. MOTHER'S MAIDEN NAME: Eliza Finnell
14. NAME OF HUSBAND OR WIFE: -- NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: x Bettie S. Wibb — ADDRESS: 2642 Campbell K C 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-Sclerosis
DUE TO (c): Hypertention — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
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* Oct. 31, 1942, *to* Sept 28, 1955, *that I last saw the deceased alive on* Sept 28, 1955, *and that death occurred at* 8:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Schubert, D.O.
23b. ADDRESS: Amoret, Missouri
23c. DATE SIGNED: 9-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: October 2 1955
24c. NAME OF CEMETERY OR CREMATORY: Pleasanton
24d. LOCATION (City, town, or county) (State): Pleasanton Linn Kansas

DATE REC'D BY LOCAL REG.: Sept. 30-55
REGISTRAR'S SIGNATURE: Kendall Kerry 17-0
25. FUNERAL DIRECTOR'S SIGNATURE: TORNEDEN FUNERAL HOME — ADDRESS: PLEASANTON KANSAS
Earl A. Torneden

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, XXXXX ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl A Forneden

Licensed Embalmer No. 358

P. O. Address Pleasanton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.