

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29864**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4027**

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 town) Kansas City		c. LENGTH OF STAY (in this place) 23 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Joseph Hospital		STREET ADDRESS (If rural, give location) 125 N. Topping 306 1/2	
3. NAME OF DECEASED (Type or Print) a. (First) ALONZO		b. (Middle) K. c. (Last) VAN WINKLE	
4. DATE OF DEATH Sept 14 1955		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 9, 1879	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter	
10b. KIND OF BUSINESS OR INDUSTRY Missouri Railroad Car Co		11. BIRTHPLACE (City and State or Foreign Country) Conover Springs, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Norman Van Winkle	
13b. MOTHER'S MAIDEN NAME Margaret Woodruff		14. NAME OF HUSBAND OR WIFE Flossie Fern Van Winkle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Flossie Fern Van Winkle		ADDRESS 415 N. Topping	
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) Acute Myocardial Infarction ANTECEDENT CAUSES DUE TO (b) Marked Coronary Sclerosis DUE TO (c) Chronic Duodenal Ulcer 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 checked="" 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Sept 14 1955 death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE H. Frank Holman MD (Degree or title)		23b. ADDRESS St Joseph Hospital	
23c. DATE SIGNED 9-14-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9-16-55		24c. NAME OF CEMETERY OR CREMATORY Floral Hills	
24d. LOCATION (City, town, or county) (State) Kansas City Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Melody-MoGilley-Eylar	
DATE REC'D BY LOCAL REG. 9-15-55 REGISTRAR'S SIGNATURE Neve Marshall		ADDRESS 1800 E. Linwood	

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 *Arthur Eugene Hall*.....

Licensed Embalmer No. *49*

P. O. Address *K. C.*

22-11 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.