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FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40805**

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Clay

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Platte

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Smithville) c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN Parkville d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Smithville Community Hosp.

e. STREET ADDRESS (If rural, give location) 5 Miles Northeast Parkville

3. NAME OF DECEASED
a. (First) James b. (Middle) Arthur c. (Last) Wingo

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1955

5. SEX Ma

6. COLOR OR RACE Wh

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

8. DATE OF BIRTH March 16, 1882

9. AGE (In years last birthday) 73 If UNDER 1 YEAR Months 9 Days 13 If UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and State or Foreign Country) Platte County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Wingo

13b. MOTHER'S MAIDEN NAME Margaret Susan Duncan

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) No

16. SOCIAL SECURITY NO. Unkown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold McClain 637 Brighton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urremid
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition
DUE TO (c) 154X
II. OTHER SIGNIFICANT CONDITIONS Heart Failure
Conditions contributing to the death but not related to the disease or condition causing death. Constricting lesion Rectum, believed to be carcinoma

INTERVAL BETWEEN ONSET AND DEATH
1 Week
1 year
1 year
1 year

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)

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 12-3, 1955, to 12-29, 1955, that I last saw the deceased alive on 12-29, 1955, and that death occurred at 9 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald E. Kuery M.D. Rte. 1

23b. ADDRESS Goshland Mo. 23c. DATE SIGNED 12-31-55

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

24b. DATE 12-31-55

24c. NAME OF CEMETERY OR CREMATORY Second Creek Cemetery

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

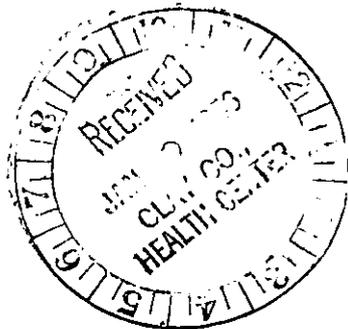
DATE REC'D BY LOCAL REG. 12-31-55

REGISTRAR'S SIGNATURE Marquerite Hudgens

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McComas Funeral Home Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *Donald W Hanks*.....

Licensed Embalmer No. *452*

P. O. Address *Smithville*

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