

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40984**  
**5405**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>7 Yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>110 1317 Troost Ave. Apt. 202</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Walter</b>	b. (Middle)	c. (Last) <b>Winston</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 9 1955</b>
-------------------------------------	--------------------------	-------------	--------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>10-12-1917</b>	9. AGE (In years last birthday) <b>37 3/8</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	--	------------------------------------	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Iron worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Foundry</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
--	--	--	---

13a. FATHER'S NAME <b>Nathaniel Winston</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Margie Winston</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes World War II</b>	16. SOCIAL SECURITY NO. <b>505-12-5678</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Angelene Miller</b>	ADDRESS <b>1317 Troost</b>
---	--	--	----------------------------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonitis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignant lymphoma; clinical.</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>2002</b>	

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 4-30-55, 1955, to 12-9-55, 1955, that I last saw the deceased alive on 12-9-55, 1955, and that death occurred at 8:40 p m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Ellis</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>12-12-55</b>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-14-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <b>12-12-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Manlove &amp; Williams</b>	ADDRESS <b>1729 Lydia</b>
--	--	--	---------------------------

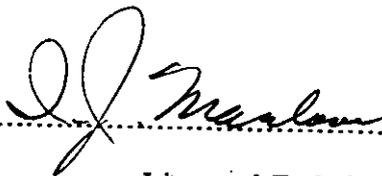
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 11 1956

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. 39

P. O. Address 3712 E 3

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