

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19946

State File No. _____

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 434 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville</u>		c. CITY OR TOWN <u>Platte City</u>	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) <u>6 days</u>		e. STREET ADDRESS (If rural, give location) <u>0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Community Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Winright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-56</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-20-1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Platte County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Henry Winright</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Leopard</u>		14. NAME OF MOTHER-OR WIFE <u>Mrs. Kate Winright</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Winright - Son - Kansas City, Mo.</u>		ADDRESS	
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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) <u>Pneumonia</u>		DUE TO (b) <u>Uremia</u>				<u>4 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Generalized arteriosclerosis</u>		DUE TO (c) <u>Hypertension & sclerosis</u>				<u>8 mo</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>Hypertension heart</u>		<u>Chronic alcoholic</u>				<u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>442X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1947, 1947, to June 23 1956 that I last saw the deceased alive on 6/23/56, 1956, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23. SIGNATURE <u>Arthur Parker M.D.</u>		23b. ADDRESS <u>Platte City, Mo.</u>		23c. DATE SIGNED <u>6/27/56</u>	
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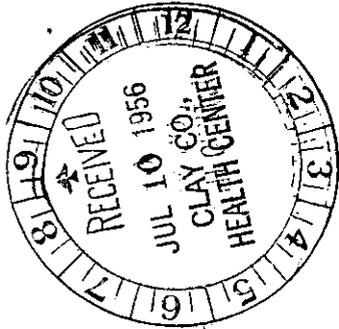
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-26-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6-26-56</u>		REGISTRAR'S SIGNATURE <u>Marquette Ludgate</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins-Mitchell Funeral Home</u>		ADDRESS <u>Platte City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 27 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 *Paul M. Giffey*.....

Licensed Embalmer No. *472*

P. O. Address *St. Louis*

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