No. 300
10.48

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

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37163

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4052 Registrar's No. 1261

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Agency (Town)
c. LENGTH OF STAY (in this place) 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Agency, Missouri (Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN Agency
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) General Delivery 0110

3. NAME OF DECEASED (Type or Print)
a. (First) TERRY
b. (Middle) DAVID
c. (Last) WINN

4. DATE OF DEATH (Month) (Day) (Year) November 23, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 1, 1901
9. AGE (In years last birthday) 55 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.
11. BIRTHPLACE (City and State or Foreign Country) Yates Center, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Winn
13b. MOTHER'S MAIDEN NAME Adella Huff
14. NAME OF HUSBAND OR WIFE Mary Helen Winn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-14-1279
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Helen Winn, Agency, Missouri

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senile Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pernicious Anemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) N
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* 1924 *19*, *to* 11/23, 1956, *that I last saw the deceased alive on* 11/20, 1956 *and that death occurred at* 6:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS 510 Cooley Bldg. City
23c. DATE SIGNED 11/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-25-1956
24c. NAME OF CEMETERY OR CREMATORY Yates Center Cemetery
24d. LOCATION (City, town, or county) (State) Yates Center, Kansas

DATE REC'D BY LOCAL REG. Nov. 30, 1956
REGISTRAR'S SIGNATURE Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE ____
ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

485

APR 12 1957

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, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39.8

P. O. Address St. Joseph

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.