

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41807

State File No. \_\_\_\_\_

FILED DEC 21 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5268

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Bosworth</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>11/20/56</u>		e. STREET ADDRESS (If rural, give location) <u>0111</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital 2 wht</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) _____ c. (Last) <u>WINFREY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 4 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/31/1873</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired.) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bosworth, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>Reuben Winfrey</u>	13b. MOTHER'S MAIDEN NAME <u>May Jenkins</u>	14. NAME OF HUSBAND OR WIFE <u>Amanda Winfrey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-40-6977</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul B. Winfrey</u> ADDRESS <u>Bosworth, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Thrombus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u>		<u>2 weeks</u>
	DUE TO (c) <u>Chronic Nephrosclerotic Nephritis</u>		<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>592X</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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	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 11-20, 1956, to 12-4, 1956, that I last saw the deceased alive on 12-4, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Elias E. Zirul</u> (Degree or title) <u>DO.</u>	23b. ADDRESS <u>4640 Troost</u>	23c. DATE SIGNED <u>12/4/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winfrey Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bosworth, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-5-56</u>	REGISTRAR'S SIGNATURE <u>Norm Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine-McClure</u> ADDRESS <u>3235 Gilham Plaza</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. /

JUN 13 1957

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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 *J. S. Walton*.....

Licensed Embalmer No. *2744*.....

P. O. Address *H. C. Mc*.....

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.