Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41839
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 555

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 802 E. Alton — Length of stay in 1b 22 years	d. STREET ADDRESS (If outside, give location) 802 E. Alton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: WILLIAM	Middle: KENNETH	Last: WINTER JR.	4. DATE OF DEATH Month: Dec. Day: 8 Year: 1956
5. SEX: Male	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: July 14, 1934	9. AGE (In years last birthday): 22 — 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): Student	10b. KIND OF BUSINESS OR INDUSTRY: Schools	11. BIRTHPLACE (City and state or country): Independence	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: William Kenneth Winter Sr.		14. MOTHER'S MAIDEN NAME: Martha L. Castell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 488-36-6770	17. INFORMANT: Mrs. Wm. K. Winter Sr. — Address: 802 E. Alton Independence, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound of Head — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____ 9190

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Bullet wound of Rt temple

20c. TIME OF INJURY Hour p. m. Month, Day, Year: 4:00 12-8-56

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home

20f. CITY, TOWN, OR LOCATION: Independence — COUNTY: Jackson — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo C Kelly Sad & deputy coroner	22b. ADDRESS: 6627 Prospect Kan	22c. DATE SIGNED: 12-9-56
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Dec. 11, 1956	23c. NAME OF CEMETERY OR CREMATORY: Floral Hills
23d. LOCATION (City, town, or county) (State): Raytown, Mo.		
24. FUNERAL DIRECTOR: Geo. C. Carson & Sons — ADDRESS: Independence, Mo.	25. DATE RECD. BY LOCAL REG.: 12/11/56	26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. A. Gibson

Licensed Embalmer No. 48 7

P. O. Address Indep.,

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.