

Health,  
& Welfare  
S. Public  
th Service

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

407771  
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5-568 Registrar's No. 478

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b> ( <i>Rural Blue</i> )		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, give TOWNSHIP only) OR TOWN <b>Independence</b>		c. CITY OR TOWN <b>Independence</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.R. #4</b>		d. STREET ADDRESS (If outside, give location) <b>R. R. #4</b>	
Length of stay in 1b <b>2 Months</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Hulda</b> Middle <b>Belle</b> Last <b>Winsor</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>10</b> Year <b>1957</b>		
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 14, 1896</b>	9. AGE (In years last birthday) <b>61</b>	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Adrain, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Harvey Yaple</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Spangler</b>	14. NAME OF HUSBAND OR WIFE <b>Clarence Winsor</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Clarence Winsor R.R.#4 Indep., Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertensive Cardio-Vascular Disease</b> DUE TO (c)	<b>3 yrs.</b>	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443 X</b>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Nov. 7, 1957 to Nov. 10, 1957 and last saw <sup>her</sup> alive on Nov. 8, 1957  
Death occurred at 8:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>A. E. Shelman M.D.</b>	22b. ADDRESS <b>4233 Blue Ridge Blvd Kansas City, 33 Mo.</b>	22c. DATE SIGNED <b>Nov. 11, 1957</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/13/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brookings Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Raytown, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Earp &amp; Sons 4707 Truman K.C., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-13-57</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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