

58-005965

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
1007

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1007

| | | | |
|--|------------------------|--|---|
| 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 KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8215 WORNALL RD. | | d. STREET ADDRESS (If outside, give location) 8215 WORNALL RD. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ALBERT CHEST WINSKY | | 4. DATE OF DEATH FEB. 20, 1958 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH APRIL 12, 1895 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED | | 10b. KIND OF BUSINESS OR INDUSTRY BUILDING & REPAIRING | 11. BIRTHPLACE (City and state or country) NEW MEXICO |
| 13a. FATHER'S NAME FRED WINSKY | | 13b. MOTHER'S MAIDEN NAME MARIE GOLDSMITH | 14. NAME OF HUSBAND OR WIFE AMBERT WINSKY |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I | | 16. SOCIAL SECURITY NO. 542-10-4702 | 17. INFORMANT Address MRS AMBERT WINSKY 8215 WORNALL RD. K.C. MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) arteriosclerotic heart disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 42 min |
| 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <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 | |
| 21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at 10:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Geo. C. Keathhof | | 22b. ADDRESS 3170 Prairie St. Kansas City 66277 | |
| 22c. DATE SIGNED 2-21-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE FEB. 24, 1958 | |
| 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY | | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS | | 25. DATE RECD. BY LOCAL REG. 2-24-58 | |
| ADDRESS 1337 ADAMS CREEK K.C., MO | | 26. REGISTRAR'S SIGNATURE neva minshall | |

(Licensed Embalmer's Statement on Reverse Side)

Geo. C. Keathhof et al. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
-57Health,
Welfare
Public
Service



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 *Vern Luder*

Licensed Embalmer No. *1915*
P. O. Address *K.C. Mo.*

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.