

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014545
STATE FILE NUMBER
1786

FILED APR 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1786

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Length of stay in lb 38 years	d. STREET ADDRESS (If outside, give location) 1806 E. 67th, Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last STANLEY WINCHESTER			4. DATE OF DEATH Month Day Year April 4, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 20, 1895
9. AGE (In years last birthday) 62		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) Termite exterminator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MacDuff, Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Winchester	
13b. MOTHER'S MAIDEN NAME Magland Stratton		14. NAME OF HUSBAND OR WIFE MARY WINCHESTER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT		16. SOCIAL SECURITY NO. 500-12-1672	
17. INFORMANT Official Records,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of death undetermined Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) poisoning DUE TO (c) Barbiturates	
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 89702	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Barbiturate poisoning		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 4-4-58	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION Kansas city		COUNTY STATE Jackson, Mo.	
21. I attended the deceased from April 4, 1958 to April 4, 1958 Death occurred at 1835 p. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Owens (Degree or title) 2		22b. ADDRESS 1034 Pratts Bldg	
22c. DATE SIGNED 4-7-58		23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL	
23b. DATE April 7, 1958		23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY		STATE MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 331 BRUSH CREEK KANSAS CITY, MO	
25. DATE RECD. BY LOCAL REG. 4-7-58		26. REGISTRAR'S SIGNATURE neva minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

All diseases in Part I must be causally related. Do not, however, enter most cases of any standard nomenclature in their 18. No symptoms will be listed.

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.

STATEMENT BY LICENSED EMBALMER

Student _____
Signature of Student Embalmer

Signed *Thomas W. Larson*

Licensed Embalmer No. *4859*

P. O. Address *H. C. M.*

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.