

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009810

STATE FILE NUMBER

FILED MAR 18 1959

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

111

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		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>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City 3788</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Indep. Sanitarium</b>	Length of stay in 1b <b>6 DAYS</b>	d. STREET ADDRESS <b>5310 Blue Ridge Blvd</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>SARAH</b> Middle <b>M</b> Last <b>WINNINGHAM</b>			4. DATE OF DEATH Month <b>March</b> Day <b>5</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 28, 1880</b>		9. AGE (In years last birthday) <b>78</b>

10. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and state or country) <b>WEST PLAINS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>UPSUM PENCE</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY KEYES</b>		14. NAME OF HUSBAND of <b>11/5</b> <b>WILLIAM A. WINNINGHAM</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>MRS. FLORINE NORRIS</b>	Address <b>5310 BLUE RIDGE BLVD. KANSAS CITY, MISSOURI</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 vascular accident</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 CV disease</b>		<b>20 yrs.</b>
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 _____ a.m. _____ p.m.	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 <b>RAYTOWN, MO</b>		COUNTY _____ STATE _____
21. I attended the deceased from <b>5/19/68</b> , to <b>3/5/59</b> and last saw her alive on <b>3/5/59</b> Death occurred at <b>2:40 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>A. S. Biggs, M.D.</b>	(Degree or title)	22b. ADDRESS <b>RAYTOWN, 33, MO</b>	22c. DATE SIGNED <b>3/6/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MARCH 9, 1959</b>	23c. NAME OF CEMETERY OR CREMATOR <b>SHILO CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>LIBERTAL MISSOURI</b>
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24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, K.C., Missouri</b>	1331 BRUSH CREEK	25. DATE RECD. BY LOCAL REG. <b>3-9-59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Albert R. Savage* .....

Licensed Embalmer No. *4812* .....  
P. O. Address *St. Louis city, 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.