

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011319

FILED VS APR 11 1960

149

Primary Registration District No. 1602

Registrar's No.

1776

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 7 yrs.	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3724 Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sarah Middle Jane Last Winegar			4. DATE OF DEATH Month March Day 27 Year 1960		
5. SEX Female	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 Dec. 20, 1870	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Burlington Iowa	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Matthew Gasaway		13b. MOTHER'S MAIDEN NAME Sarah Jane Blair		14. NAME OF HUSBAND OR WIFE A. W. Winegar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Frank Winegar Denver Colorado		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cyelo-nephritis DUE TO (c) Perforating Carcinoma of colon					INTERVAL BETWEEN ONSET AND DEATH 7 days 16 days ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). arterio-sclerotic Heart Dis.					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 Month, Day, Year 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		COUNTY	STATE
21. I attended the deceased from Feb 24, 60 to Mar 27, 60 and last saw her alive on Mar 26, 60 Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Hubert M Parker MD			22b. ADDRESS 928 Argyle Bldg		22c. DATE SIGNED 3-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/28/60	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Burlington Colo.	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure		K. C. Mo.	25. DATE RECD. BY LOCAL REG. 3-27-60	26. REGISTRAR'S SIGNATURE Neva Minshell	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hubert M. Parker

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Thomas A. Hoehn

Licensed Embalmer No. 4995

P. O. Address A.C. Me

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.