URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 13 1960

=60-023470
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 1002 Registrar's No. 3406

AMENDED

DOCUMENT

BY AFFIDAVIT OF Robert F. Goodwin

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City
Length of stay in 1b: 20 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Riverview Nurs.Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Henry
c. CITY OR TOWN: Montrose
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ALVA Middle M. Last WINBIGLER
4. DATE OF DEATH: Month 6 Day 27 Year 60
5. SEX: Ma
6. COLOR OR RACE: Wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-15-77
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Lathrop, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frances Winbigler
13b. MOTHER'S MAIDEN NAME: Anne Funk
14. NAME OF HUSBAND OR WIFE: Bertha L.Winbigler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs.Bertha L.Winbigler, Address: Montrose,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): Basilar artery thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-11-60, to 6-27-60 and last saw him alive on 6-27-60
Death occurred at 2:43 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert F. Goodwin M.D.
22b. ADDRESS: 7224 Beverly Overland Park Ks.
22c. DATE SIGNED: 6-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-29-60
23c. NAME OF CEMETERY OR CREMATORY: Appleton City Cem.
23d. LOCATION (City, town, or county): Appleton City (State): Mo.

24. FUNERAL DIRECTOR: Wagner Funeral Home, K. C. Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 6-28-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Alvin R. Haen

Signature of Student Embalmer

Licensed Embalmer No. 415

P. O. Address Kansa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.