

S. No. 300  
V. 10.48

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5202  
664

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Platte</b>		admission) <b>5</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>12 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Parkville</b>		<b>5</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>				d. STREET ADDRESS (If rural, give location) <b>/</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>John</b>		b. (Middle) <b>L.</b>		c. (Last) <b>Wingo</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Apr. 29, 1863</b>		9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Parkville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Wingo</b>		13b. MOTHER'S MAIDEN NAME <b>Mallicca Jacks</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine</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'S SIGNATURE OR NAME ADDRESS <b>Mr. Fred Wingo 3524 College K.C., Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene of feet (Frozen) Lobar pneumonia</b>						<b>3 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb. 6, 1949</b> , to <b>Feb. 9, 1949</b> , that I last saw the deceased alive on <b>Feb. 9, 1949</b> , and that death occurred at <b>11 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title)				23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>		23c. DATE SIGNED <b>2-10-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/13/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Berry Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Berry, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-12-49</b>		REGISTRAR'S SIGNATURE <b>S. Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MELLODY-MCGILLEY-BYLAR</b>		ADDRESS <b>1800 E. Linwood Kansas City, Missouri</b>	

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. [unclear]*

**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.

Signed *Oliver E. Heck*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4063*

P. O. Address *Kansas 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 this body is not embalmed, fact should be so stated above.