

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12777

FILED APR 23 1949

1557

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1557</u>					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>70 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				d. STREET ADDRESS (If rural, give location) <u>1222 Bales</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3223 Peary</u>				3. NAME OF DECEASED a. (First) <u>EVA</u>				b. (Middle) <u>LOUISE</u>			
c. (Last) <u>WINCHELL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4-5-1949</u>							
5. SEX <u>fe</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>		8. DATE OF BIRTH <u>May 28 1873</u>		9. AGE (in years last birthday) <u>75</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Win Hertzell</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Carpentier</u>			14. NAME OF HUSBAND OR WIFE <u>Albert J. Winchell</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Winchell - 420 N Kensington</u>						ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) _____ 3 days II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>Apr 2</u> , 1949, to <u>Apr 5</u> , 1949, that I last saw the deceased alive on <u>Apr 5</u> , 1949, and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>C. W. ROSE</u> <u>C. W. Rose</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>103 1/2 Elmwood</u>		23c. DATE SIGNED <u>Apr 5 '49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>					
DATE REC'D BY LOCAL REG. <u>4-7-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son, Inc</u>					ADDRESS <u>Kansas City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 H. O. Blackman

Signed _____
Student Embalmer

Licensed Embalmer No. 3639

P. O. Address K C 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.