

No. 300
10.48

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15294

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 2289 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Clay Rural</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Gallitan Twp. 14</u>		c. CITY OR TOWN <u>Rural Gallitan Twp.</u>	
c. LENGTH OF STAY (in this place) <u>6 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Sheridan Road,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mills Convalescent Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Winn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-9-1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u> Hours <u>x</u> Mins. <u>x</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road, Yard For.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marin L. Winn</u>	13b. MOTHER'S MAIDEN NAME <u>David Ella Thixton</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine Winn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Cora Mills</u> ADDRESS <u>North Kansas City, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dementia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u> <u>4500</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Gen. Arteriosclerosis</u>		
	11. 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 type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May, 1947, to June, 1949, that I last saw the deceased alive on June 4, 1949 and that death occurred at 110 A m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED <u>6-6-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-7-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u>	24d. LOCATION (City, town, or county) <u>Marshall, Mo.</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>6-7-1949</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Morton-Smith's F.H. N.K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 RECD

NOV 1 1949

RECEIVED
 District Health Officer No. 12
 District File Number 6-8-49
 Date Filed 6-8-49

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
Student Embalmer

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas

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.