

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26432**

FILED AUG 25 1949

BIRTH NO. **48050-49** REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY OR TOWN Excelsior Springs	c. LENGTH OF STAY (In this place) 13 days	c. CITY OR TOWN Excelsior Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital		d. STREET ADDRESS (If rural, give location) Rural Route #1	

3. NAME OF DECEASED (Type or Print) KATHIE JEAN WINFREY	a. (First) KATHIE	b. (Middle) JEAN	c. (Last) WINFREY	4. DATE OF DEATH (Month) (Day) (Year) Aug 8, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Aug 6, 1949	9. AGE (In years last birthday) 0	UNDER 1 YEAR 0 Months 0 Days 3	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Winfrey	13b. MOTHER'S MAIDEN NAME Polly Banning	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Louis Winfrey, Rt #1, Excelsior Springs, Mo.	ADDRESS Excelsior Springs, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Visceral herniation into umbilical cord			
DUE TO (c) P			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7620			

19a. DATE OF OPERATION 8-6-49	19b. MAJOR FINDINGS OF OPERATION Necrosis of small intestine into cord	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **8-6**, 19**49**, to **8-8**, 19**49**, that I last saw the deceased alive on **8-8**, 19**49**, and that death occurred at **11:35 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE George E. Anderson (Degree or title)	23b. ADDRESS Excelsior Springs Mo	23c. DATE SIGNED 8-9-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 10, 1949	24c. NAME OF CEMETERY OR CREMATORY Clinch Springs Mo.	24d. LOCATION (City, town, or county) (State) Clinch Springs Mo.
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DATE REC'D BY LOCAL REG. 8/8/49	REGISTRAR'S SIGNATURE Caroline Hutchings	FUNERAL DIRECTOR'S SIGNATURE Claude Crickard	ADDRESS Excelsior Springs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 17

District Health Officer No: 84

District File Number _____

Date Filed 8-24-69

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 Albert E. White

Signed _____
Student Embalmer

Licensed Embalmer No. 4168

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