

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1950

State File No. 20451

2513

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 3 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		4928	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2130 EAST 81 ST STREET TERRACE				d. STREET ADDRESS (If rural, give location) 2130 EAST 81 ST STREET TERRACE			
3. NAME OF DECEASED (Type or Print) CHESTER C. WINTON			a. (First) b. (Middle) c. (Last) SANDS			4. DATE OF DEATH (Month) (Day) (Year) JUNE-4-1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB.-13-1897	
9. AGE (In years last birthday) 63 YRS		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 (State or foreign country) WINDSOR, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME ALEXANDER SANDS		13b. MOTHER'S MAIDEN NAME ESSIE SEXTON		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. A. Coons 2130 E. 81 st St. Windsor, Mo.			
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) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH 6 WKS 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. 002*			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <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 6-16-50 to 6-4-50, that I last saw the deceased alive on 6-2-50 and that death occurred at 11:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE H. R. Lydon Jr. (Degree or title)				23b. ADDRESS 1097 E 75, A.C. No		23c. DATE SIGNED 6-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JUNE 5-1950		24c. NAME OF CEMETERY OR CREMATORY LAUREL OAK CEMETERY		24d. LOCATION (City, town, or county) (State) WINDSOR, MISSOURI	
DATE REC'D BY LOCAL REG. 6-5-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

10:00 a.m.

1957 7 7 MON

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

D. P. Nofsinger

Signed.....

Student Embalmer

Licensed Embalmer No. *3838*

P. O. Address *Kansas City*

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.