

FILED APR 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. **8911**
1246

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) 55yrs	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		392 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			d. STREET ADDRESS (If rural, give location) 7244 Terrace		

3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) Good c. (Last) Wine			4. DATE OF DEATH (Month) (Day) (Year) 3 19 51		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 3, 1861		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Augusta Co., Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME George Wine		13b. MOTHER'S MAIDEN NAME Lydia Good		14. NAME OF HUSBAND OR WIFE Ida Sawyer Wine			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mildred Osterstrom, 7244 Terrace			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			Cardiac failure				4 days	
ANTECEDENT CAUSES			arteriosclerotic heart disease				15 yrs	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Generalized arterio sclerosis					
			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.				4200	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)	
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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?	
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22. I hereby certify that I attended the deceased from Jan 7, 1951, to March 19, 1951, that I last saw the deceased alive on March 18, 1951, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE M. Donald McFarland (Degree or title) M. Donald McFarland M.D.		23b. ADDRESS 315 Nichols Rd K.C. Mo.		23c. DATE SIGNED 3/19/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/20/51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 3-20-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. Donald McFarland & Co 1533
Plaza Mid. Bldg. - 2-5 pm.

S.D. 15-33

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.