

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16898
1847

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 town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 26 years		d. STREET ADDRESS (If rural, give location) 15 East 30th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 E. 30th St.			

3448
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3. NAME OF DECEASED (Type or Print) a. (First) ANNA			b. (Middle) WINSOR			c. (Last) WINSOR			4. DATE OF DEATH (Month) (Day) (Year) April 28 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH December 25, 1877			9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
11. BIRTHPLACE (State or foreign country) Kearney, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Kearney, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME Robert J. Powell		13b. MOTHER'S MAIDEN NAME Anna G. Pence		14. NAME OF HUSBAND OR WIFE Emery Winsor	
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 Mrs. May Maddox, 15 E. 30th K. C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		DUE TO (b) Arterio Sclerosis		DUE TO (c) Senility		5 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		no		5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) no		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 June, 1951, to April 28, 1951, that I last saw the deceased alive on April 28, 1951 and that death occurred at 2:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE M. B. Casebolt (Degree or title) M. B. Casebolt MD		23b. ADDRESS 4000 Baltimore No. K.C.		23c. DATE SIGNED 4-28-51	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE April 29, 1951		24c. NAME OF CEMETERY OR CREMATORY Paola, Cemetery	
24d. LOCATION (City, town, or county) Paola, Kansas		24e. (State) MISSOURI			

DATE REC'D BY LOCAL REG. 4-29-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILKS FUNERAL HOME 2315 Linwood K. C. Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Casebolt
4000 Baltimore

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

Chas. E. White

Licensed Embalmer No.

2644

P. O. Address

1770 W. 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.