

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16944**

No. 300
10.48

FILED JUN 1 1951

Registrar's No. **189**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		State File No. 16944			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Nevada 1082					
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanatorium				d. STREET ADDRESS (If rural, give location) Rt 2					
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Winters			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1951						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 11, 1865	9. AGE (In years, if under 1 year last birthday) Months Days 85 9 7		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Form		11. BIRTHPLACE (State or foreign country) Ada, Ohio		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John B. Winters			13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Wingate Lily Winters				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Frank Winters Wichita, Kans					
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) Cerebral embolism. b) Auricular fibrillation secondary to a myocarditis. c) Intercapsular fracture of the left femur. d) General senility.				INTERVAL BETWEEN ONSET AND DEATH 4:00³⁰ 4:21	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT X SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada, Vernon County, Missouri					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 30, 1951 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient fell down.					
22. I hereby certify that I attended the deceased from May 13, 1951 to May 18, 1951 , that I last saw the deceased alive on May 17, 1951 , and that death occurred at 10:00 AM , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert N. Fitzgerald				23b. ADDRESS 3090 Kansas Independence Mo		23c. DATE SIGNED 5/19/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Clark Cemetery		24d. LOCATION (City, town, or county) (State) Nevada, Mo			
DATE REC'D BY LOCAL REG. May 20-1951		REGISTRAR'S SIGNATURE Wm. H. ...		FUNDAL DIRECTOR'S SIGNATURE Ferry Funeral Home		ADDRESS Nevada Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

48-0

MAY 3 1 1950

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 Melvin L. Janssens

Licensed Embalmer No. 4529

P. O. Address Nunda, 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.