

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1578

State File No.

347

FILED FEB 9 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>58 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>3911 Troost</u>					
3. NAME OF DECEASED (Type or Print) <u>Eugene</u>		a. (First) <u>Eugene</u>		b. (Middle) <u>C</u>		c. (Last) <u>Wineland</u>			
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>21</u>		(Year) <u>1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 27, 1893</u>			
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>B. W.-Miller</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME <u>Charles Wineland</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Beck</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotte Wineland</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>478-10-4928</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charlotte Wineland</u>				ADDRESS <u>3911 Troost</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pija and hydronephrosis</u> DUE TO (c) <u>Carcinoma bladder with stricture of ureters</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>181 h</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Ca. bladder</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (m.)		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 <u>Dec-15, 1951</u> , to <u>1-21, 1952</u> , that I last saw the deceased alive on <u>1-21, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. M. Ziegler</u>				(Degree or title) _____		23b. ADDRESS <u>320 W 47th St KCMO</u>		23c. DATE SIGNED <u>1-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/23/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) <u>Kansas City</u>		(State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-22-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp & Sons</u>		ADDRESS <u>4139 Truman Rd. K.C.Mo.</u>			

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

me 4928

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.....

William F. Coyle

Signed.....

Student Embalmer

Licensed Embalmer No. 4728

P. O. Address K C 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.