

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1579
450

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 450
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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2420 Norton		d. STREET ADDRESS (If rural, give location) 2420 Norton		
3. NAME OF DECEASED (Type or Print) John		a. (First)	b. (Middle) Lewis	c. (Last) Wines
4. DATE OF DEATH (Month) (Day) (Year) 1 - 28 - 1952		5. SEX Male		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-25-1887		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mitchel County, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Wines		13b. MOTHER'S MAIDEN NAME Nettie E. Graves
14. NAME OF HUSBAND OR WIFE Alma G. Wines		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. 512-09-4779
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma G. Wines		17. ADDRESS 2420 Norton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarc. of Prostate DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 mos 18 mos 17 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Nov 4, 1950, to 1-28, 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at 8:00 Am., from the causes and on the date stated above.				
23a. SIGNATURE Wm. A. Staggs Wm. A. Staggs MD		(Degree or title)		23b. ADDRESS 822 Maple K.C. Mo
23c. DATE SIGNED 1-28-52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-28-1952		24c. NAME OF CEMETERY OR CREMATORY Beloit, Kansas
24d. LOCATION (City, town, or county) (State) Beloit, Kansas				
DATE REC'D BY LOCAL REG. 1-28-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster
		ADDRESS Kansas City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

Joe B. Yoder
Emb. Lic. 4173
K.C. Mo