

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8653**
1258

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1402 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) OR 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) 35 yrs.		d. STREET ADDRESS (If rural, give location) 4816 E. 27th	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital			
3. NAME OF DECEASED a. (First) George		b. (Middle) R.	
c. (Last) Winchester		4. DATE OF DEATH (Month) (Day) (Year) 3 13 52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-2-88
9. AGE (In years last birthday) 63		10. MONTHS 63	11. DAYS 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Oper.		10b. KIND OF BUSINESS OR INDUSTRY Security Mfg. Co.	11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZENRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME James C. Winchester	
13b. MOTHER'S MAIDEN NAME Alice Reeves		14. NAME OF HUSBAND OR WIFE Alice Mae Winchester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-09-5387	
17. INFORMANT'S SIGNATURE OR NAME Alice M. Winchester		ADDRESS 4816 E. 27 KCMO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown		4201	
DUE TO (c) unknown		4201	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis Rt Lung		4201	
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) None	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 March 13, 1952 to March 13, 1952 that I last saw the deceased alive on March 13, 1952 and that death occurred at 9 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE M. B. Casebolt (Degree or title) MD		23b. ADDRESS 4006 Baltimore TX - E 71038/11557	
23c. DATE SIGNED 3-17-52		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-15-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
DATE REC'D BY LOCAL REG. 3-17-52	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS KCMO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

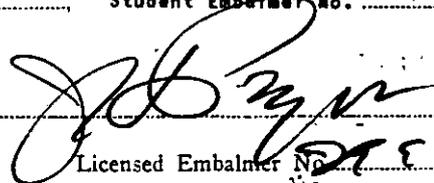
Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____



Licensed Embalmer No. 0139

P. O. Address _____

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.