No. 300
10.48

FILED MAY 6 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13257

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 177

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 OR TOWN (If outside corporate limits, write RURAL and give township): Independence c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 0485
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Independence Sanitarium	d. STREET ADDRESS (If rural, give location): 1122 S. Hocker St.

3. NAME OF DECEASED (Type or Print)	a. (First): Lucian	b. (Middle): B	c. (Last): Winslow	4. DATE OF DEATH (Month) (Day) (Year): April 23, 1952
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Oct. 1, 1879	9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard	10b. KIND OF BUSINESS OR INDUSTRY: Gleaner Harvester Co.	11. BIRTHPLACE (City and State or Foreign Country): Lees Summit, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: George Winslow	13b. MOTHER'S MAIDEN NAME: Nancy Richman	14. NAME OF HUSBAND OR WIFE: Lucie H. Winslow		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 500 22 5750	17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lucie H. Winslow, Independence, Mo.		ADDRESS

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, asthenia, 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)	Coronary Occlusion	15 min
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary heart disease	1½ yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 4201	20. AUTOPSY? YES ☐ NO ☒
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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1950, *to* April 23, 1952, *that I last saw the deceased alive on* April 16, 1952, *and that death occurred at* 9:00 am *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Hickman (Degree or title): MD	23b. ADDRESS: Nat'l Bank Bldg Independence, Mo.	23c. DATE SIGNED: 4/24/52	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 4/26/52	24c. NAME OF CEMETERY OR CREMATORY: Md. Grove Cemetery	24d. LOCATION (City, town, or county) (State): Independence, Mo.
DATE REC'D BY LOCAL REG.: 4-25-52	REGISTRAR'S SIGNATURE: James [illegible] 354	25. FUNERAL DIRECTOR'S SIGNATURE: Geo C. Carson	ADDRESS: Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1952

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.