

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28373  
**3610**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>JACKSON</u>		b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNIE'S CITY</u>		c. LENGTH OF STAY (In this place) <u>7 years mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>518 N. Hooper St.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Jennie M.</u>		b. (Middle) _____	c. (Last) <u>WINN</u>		(Month) <u>Aug.</u>	(Day) <u>11</u>	(Year) <u>52</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 14, 1907</u>		9. AGE (In years last birthday) <u>45 yrs</u>	IF UNDER 1 YEAR	IF UNDER 1 HR.
					Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Glasgow, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charlie Winn</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Thipot</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>488-22-2974</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loretta Loretta</u>		ADDRESS <u>518 N. Hooper</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ABDOMINAL CARCINOMATOSIS</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>INTESTINAL OBSTRUCTION, MECHANICAL</u>			
				DUE TO (c) <u>METASTATIC CARCINOMA OF OVARES, PRIMARY</u>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>ANEMIA AND ASCITES</u>		<u>175X</u>	
19a. DATE OF OPERATION <u>1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF OVARY RT 1951</u>				20. AUTOPSY? YES <input checked="" 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) _____		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>7:10</u> , 19 <u>52</u> , to <u>8:11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8:11</u> , 19 <u>52</u> , and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. R. Peterson</u>				23b. ADDRESS <u>M.D.U. 2462A BROOKLYN</u>		23c. DATE SIGNED <u>8-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug. 14, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-12-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Peterson</u>		ADDRESS <u>4415 TRUNKIN</u>	

(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

*C. L. Davis*

Licensed Embalmer No. \_\_\_\_\_

4417

P. O. Address \_\_\_\_\_

*H. 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.