.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39355

BIRTH NO. FILED DEC 10 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5500

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

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1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 30 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 5727 Chestnut Avenue 3798

3. NAME OF DECEASED (Type or Print)
a. (First) Berniece ~~Bernice~~
b. (Middle) ELIZABETH
c. (Last) Winburne

4. DATE OF DEATH (Month) Nov. (Day) 18 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 31, 1903
9. AGE (In years last birthday) 50 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and State or Foreign Country): LEE'S SUMMIT, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: HENRY MONROE HUNTER
13b. MOTHER'S MAIDEN NAME: ARTIE LEE SNEDEGER
14. NAME OF HUSBAND OR ~~WIFE~~: Wilson F. Winburne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 495-01-0393
17. INFORMANT'S SIGNATURE OR NAME: WILSON S. WINBURNE — ADDRESS: 5727 CHESTNUT KANSAS CITY 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation
DUE TO (c) Hypertrophy of left and right ventricle

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 416X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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): ~~Kansas City Jackson Mo.~~
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 9, 1952 *to* Nov. 18, 1953 *that I last saw the deceased alive on* Nov. 18, 1953 *and that death occurred at* 6:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE L. Stanley Morest (Degree or title) L. Stanley Morest MD
23b. ADDRESS 1000 Prof. Bldg.
23c. DATE SIGNED 11/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV. 20. 1953
24c. NAME OF CEMETERY OR ~~CREMATORY~~: FLORAL HILLS CEM.
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert H. Boyer

Licensed Embalmer No. 489

P. O. Address K. Co. 10, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.