

BIRTH NO. 78438-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 4008 WYOMING 3700	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTHEAST OSTEOPATHIC			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) LCC c. (Last) WINN			4. DATE OF DEATH 9 (Month) 28 (Day) 54 (Year)		
5. SEX 0 MALE	6. COLOR OR RACE white	7. MARRIED (Never Married) WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 9-28-1954	9. AGE (In years last birthday) 9 Months 0 Days	10. IF UNDER 1 YEAR Hours 9 Mins. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) K.C. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HAROLD E. WINN		13b. MOTHER'S MAIDEN NAME SARAE THOMAS		14. NAME OF HUSBAND OR WIFE	
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HAROLD E. WINN, 4008 WYOMING, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hyaline membrane		INTERVAL BETWEEN ONSET AND DEATH 9 1/2 hr 77 1/2
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature birth		
	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		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 10:30 AM 9-28-54, 1954, to 8:00 PM 9-28-54, that I last saw the deceased alive on 9-28-54, and that death occurred at 8:00 PM, from the causes and on the date stated above.

23a. SIGNATURE C. M. Cernech (Deputy or Aide) 2		23b. ADDRESS 10023 Wilson Rd K.C. Mo.		23c. DATE SIGNED 9-29-54	
---	--	---------------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 29, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Mo.	
--	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 9-30-54		REGISTRAR'S SIGNATURE Mervin Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thumans Funeral Home, Richmond, Mo.	
----------------------------------	--	---------------------------------------	--	--	--

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 Tom L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.