

Health,
Welfare
Public
Service

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

322271
STATE FILE NUMBER 4383

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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-57 3

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR DOLLY MADISON CARE CO. INSTITUTION 904 EAST 21ST STREET		Length of stay in 1b 15 YEARS	d. STREET ADDRESS (If outside, give location) 6201 PARK AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILSON Middle S. Last WINBURNE			4. DATE OF DEATH Month SEPT. Day 18. Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV-27-1898		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER & SCALER		10b. KIND OF BUSINESS OR INDUSTRY DOLLY MADISON BAKERS	11. BIRTHPLACE (City and state or country) WESTON, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILSON S. WINBURNE		13b. MOTHER'S MAIDEN NAME EVA DYE		14. NAME OF HUSBAND OR WIFE VIOLA KATHERINE WINBURNE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 491-09-3573		17. INFORMANT Address VIOLA WINBURNE 6201 PARK K.C. MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aortic Stenosis (rheumatic) over 10 years					INTERVAL BETWEEN ONSET AND DEATH 411x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) anterior thrombosis DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1953 to 18 Sept 57 and last saw him alive on 17 Sept 57 Death occurred at 11 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Stanley L. Goldman M.D.			22b. ADDRESS 955 Bryant Bldg Kansas City Mo		22c. DATE SIGNED 9/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEP. 20-1957	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS		23d. LOCATION (City, town, or county) (State) KAN. CITY Mo.
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 9-20-57	26. REGISTRAR'S SIGNATURE Neva Minshall

Stanley L. Goldman
MEDICAL CERTIFICATION
ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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
Signature of Student Embalmer

Signed *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *100 W 100*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.