

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1007 Registrar's No.

Public Health Service  
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57  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
BIRTHS  
I.  
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1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>			Length of stay in lb <b>14 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>427 Forest</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <b>Charles ARTHUR Winn</b>				First	Middle	Last	4. DATE OF DEATH Month <b>2</b> Day <b>21</b> Year <b>1958</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>DEC. 29, 1879</b>		9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FIELD WORKER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Oil</b>		11. BIRTHPLACE (City and state or country) <b>HIGBY, MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Will Winn</b>			13b. MOTHER'S MAIDEN NAME <b>MARY ALICE WILLIAMS</b>			14. NAME OF HUSBAND OR WIFE <b>JENNIE ELMIRA WINN</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>441-09-2883</b>		17. INFORMANT <b>MRS. JENNIE E. WINN</b> Address <b>427 FOREST CITY, MO.</b>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fading hepatoma</b>										INTERVAL BETWEEN ONSET AND DEATH <b>15 1/2</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>carcinoma of stomach</b>	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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)								
20d. INJURY OCCURRED WHILE AT <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 <b>Feb. 17, 1958</b> to <b>Feb. 21, 1958</b> and last saw him alive on <b>Feb. 21, 1958</b> ✓ Death occurred at <b>12:48 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>D</b>						22b. ADDRESS <b>24th &amp; Cherry</b>			22c. DATE SIGNED <b>2-21-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>FEB. 24, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEM.</b>			23d. LOCATION (City, town, or county) <b>KANSAS CITY, MISSOURI</b> (State)					
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>BAWAS CREEK KANSAS CITY, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>2-22-58</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>					

(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 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 *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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