

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033099

STATE FILE NUMBER

4418

FILED OCT 8 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

300  
-57

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>Delora Rest Home</b>		Length of stay in 1b <b>76yrs.</b>	d. STREET ADDRESS <b>2439 E. 67th Terrace</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>THOMAS E. WINSTEAD</b>			4. DATE OF DEATH Month Day Year <b>Sept. 17 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>Oct. 30, 1873</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days <b>84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cashier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Service Co.</b>	11. BIRTHPLACE (City and state or country) <b>Stewartsville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John A. Winstead</b>		13b. MOTHER'S MAIDEN NAME <b>Rachael J. Adams</b>		14. NAME OF HUSBAND OR WIFE <b>Etta H. Winstead</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>486-07-1693</b>	17. INFORMANT Address <b>Mrs. Etta H. Winstead - 2439 E. 67th Terr.</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>Hypostatic pneumonia</b> 8 hrs DUE TO (b) <b>Myocardial degeneration</b> 12 hrs DUE TO (c) <b>Cerebral apoplexy</b> 1 week PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <b>Arteriosclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b> <b>12 hrs</b> <b>1 week</b>
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.) <b>2</b>			
20c. TIME OF INJURY Hour Month, Day, Year 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 <b>9/7/58</b> to <b>9/16/58</b> and last saw him alive on <b>9/16/58</b> Death occurred at <b>7:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. H. Crouch</b> (Degree or title)		22b. ADDRESS <b>2805 E - E Kansas City 29 Mo</b>		22c. DATE SIGNED <b>9/17/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-19-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Liberty, Mo.</b>	
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b> <b>Woodland-Linwood</b>		ADDRESS <b>9-17-58</b>	25. DATE RECD. BY LOCAL REG. <b>9-17-58</b>	26. REGISTRAR'S SIGNATURE <b>Irlva Minshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

R. H. Crouch

R. H. Crouch

2805 E 6th

CH-1-0657



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 *James E. Hackleman* .....

Licensed Embalmer No. *4573* .....

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.