

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-045165

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6242 STATE FILE NUMBER

AMENDED

FILED DEC 22 1961

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>LEAWOOD</u> <u>KANSAS CITY</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAKE SIDE HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>9608 STATE LINE</u>
3. NAME OF DECEASED (Type or print) First <u>HAROLD</u> Middle <u>M.</u> Last <u>WINTERS</u>		4. DATE OF DEATH Month <u>DEC.</u> Day <u>9</u> Year <u>1961</u>	

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 3-1904</u>	9. AGE (last birthday) <u>57 yrs</u>	IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REGIONAL MGR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.C.A.</u>	11. BIRTHPLACE (City and state or country) <u>ARLINGTON N.S.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ALONZO D. WINTERS</u>		13b. MOTHER'S MAIDEN NAME <u>MAY ZELLERS</u>		14. NAME OF HUSBAND OR WIFE <u>VERA WINTERS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>VERA WINTERS</u> Address <u>9608 STATE LINE</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)	<u>CARDIO-RENAL FAILURE.</u>	INTERVAL BETWEEN ONSET AND DEATH. <u>3 WKS.</u>
DUE TO (b)	<u>MALNUTRITION</u>	<u>2 MO.</u>
DUE TO (c)	<u>CHRONIC ALCOHOLISM</u>	<u>YEARS</u>

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
VENTRAL HERNIA. INTESITINAL OBSTRUCT. 17 HRS.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.) <u>17 HRS.</u>	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
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 12-3-61 to 12-9-61 and last saw her/him alive on 12-9-61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas. A. Schwab</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Overland Park, Kans.</u>	22c. DATE SIGNED <u>Dec 9-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-12-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Allegheny Memorial</u>
23d. LOCATION (City, town, or county) <u>Pittsburgh Pennsylvania</u>	23e. DATE RECD. BY LOCAL REG. <u>12-11-61</u>	
24. FUNERAL DIRECTOR <u>STUBBS-McCLURE</u>	ADDRESS <u>KANSAS CITY MO</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INS READ OF

DOCUMENT

BY AFFIDAVIT OF Chas. A. Schwab MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

ni 2-3535

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 Eugene L. Kinnon

Licensed Embalmer No. 4633

P. O. Address: Kansas City

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.