

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031404-

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4466

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 14 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;"><b>JACKSON</b></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE COUNTY <p style="text-align: center;"><b>MISSOURI JACKSON</b></p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center;"><b>KANSAS CITY</b></p>		c. CITY OR TOWN <p style="text-align: center;"><b>KANSAS CITY</b></p>	
Length of stay in 1b <p style="text-align: center;"><b>16 yrs</b></p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center;"><b>3434 Olive</b></p>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center;"><b>3434 Olive</b></p>	
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center;"><b>MARY DELORES WINN</b></p>		4. DATE OF DEATH Month Day Year <p style="text-align: center;"><b>8-28-62</b></p>	
5. SEX <p style="text-align: center;"><b>Female</b></p>	6. COLOR OR RACE <p style="text-align: center;"><b>Negro</b></p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center;"><b>9-26-1943</b></p>
9. AGE (last birthday) <p style="text-align: center;"><b>18 yrs</b></p>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;"><b>Housewife</b></p>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <p style="text-align: center;"><b>Pittsburg, Kansas</b></p>		12. CITIZEN OF WHAT COUNTRY <p style="text-align: center;"><b>USA</b></p>	
13a. FATHER'S NAME <p style="text-align: center;"><b>Raymond Al Greene Sr.</b></p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;"><b>Virginia White</b></p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;"><b>Gary Winn</b></p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;"><b>NO</b></p>	
16. SOCIAL SECURITY NO. <p style="text-align: center;"><b>None</b></p>		17. INFORMANT Address <p style="text-align: center;"><b>Virginia Card 3434 Olive Mother</b></p>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center;"><b>Malignant Tumor of Brain</b></p>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office-bldg., etc.) CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21. I attended the deceased from _____ to _____ and last saw him live on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <p style="text-align: center;"><i>L.M. Tillman M.D.</i></p>		22b. ADDRESS <p style="text-align: center;"><b>1618 India Ave.</b></p>	
22c. DATE SIGNED <p style="text-align: center;"><b>8/29/62</b></p>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <p style="text-align: center;"><b>9-1-62</b></p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;"><b>Lincoln</b></p>	
23d. LOCATION (City, town, or county) <p style="text-align: center;"><b>Kansas City, Missouri</b></p>			
24. FUNERAL DIRECTOR <p style="text-align: center;"><b>Watkins Bros. Funeral Home 18th &amp; Benton</b></p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center;"><b>8-30-62</b></p>	
		26. REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>Ruth Long</i></p>	

USE BLACK INK OR TYPEWRITER RIBBON

L.M. Tillman

**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 Deane R. Watkins

Licensed Embalmer No. 4500

P. O. Address 1874 Benton

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.