

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

70 0049850

Registration District No. 149 Primary Registration District No. 1402 Registrar's No. 6574

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (MONTH, DAY, YEAR)
1. RALPH DUNN WINTERS					2. Male	3. December 11, 1970
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		5. AGE—LAST BIRTHDAY (YEARS)		6. UNDER 1 YEAR	7. UNDER 1 DAY	8. DATE OF BIRTH (MONTH, DAY, YEAR)
4. White		5. 54		6. MOS.	7. DAYS	8. 2-12-1916
9. CITY, TOWN, OR LOCATION OF DEATH		10. INSIDE CITY LIMITS (SPECIFY YES OR NO)		11. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		12. COUNTY OF DEATH
9. Kansas City		10. yes		11. Research Hospital & Medical Center		12. Jackson
13. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		14. CITIZEN OF WHAT COUNTRY		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		16. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
13. Nebraska		14. USA		15. Divorced		16. none
17. SOCIAL SECURITY NUMBER		18. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		19. KIND OF BUSINESS OR INDUSTRY		
17. 512 03 2345		18. Merchant		19. Pawn Broker		
20. RESIDENCE—STATE		21. COUNTY		22. CITY, TOWN, OR LOCATION		23. STREET AND NUMBER
20. Kansas		21. Gearyton		22. Junction City		23. 731 Grant Ave.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 8150

PARENTS

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15. Ralph T. Winters					16. Callie Dunn			
17. INFORMANT—NAME				18. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17. Ralph L. Winters				18. 731 Grant Ave Lot 27 Junction City, Ks. 66441				

CAUSE

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
19. IMMEDIATE CAUSE					
(a) Acute Left Ventricular Failure				1 hour	
(b) Myocardial infarction				1 hour	
(c) Coronary Heart Disease				5 years	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OF NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				21. no		22. 19.	
23. DATE OF INJURY (MONTH, DAY, YEAR)		24. HOUR		25. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 19)			
23. 700.		24. M. 700.		25.			
26. INJURY AT WORK (SPECIFY YES OR NO)		27. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		28. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		29. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
26. 200.		27. 200.		28. 200.		29. 200. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UPR.	

CERTIFIER

CERTIFICATION—PHYSICIAN:		MONTH		DAY		YEAR		MONTH		DAY		YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21. 1-1-1965		TO		12-11-1970		21b.		21c.		12-11-1970		21d. did not		21e.		11:55p		21f.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.																			
22. 22a.																			
23. CERTIFIER—NAME (TYPE OR PRINT)																			
23a. William F. Sanders																			
24. MAILING ADDRESS—CERTIFIER																			
24a. 411 Nichols Rd. Kansas City, Missouri 64112																			

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE	
25. Removal		25a. Bartley Cemetery		25b. Bartley, Nebraska		25c.		25d.	
26. DATE		26a. FURNERAL HOME—NAME AND ADDRESS		26b. FURNERAL HOME—NAME AND ADDRESS		26c. FURNERAL HOME—NAME AND ADDRESS		26d. FURNERAL HOME—NAME AND ADDRESS	
26. 12-16-1970		26a. Amos Family Inc.		26b. 10901 Johnson Dr.		26c. Shawnee, Kansas		26d. 66203	
27. FURNERAL DIRECTOR—SIGNATURE		27a. REGISTRAR—SIGNATURE		27b. DATE RECEIVED BY LOCAL REGISTRAR		27c.		27d.	
27. [Signature]		27a. [Signature]		27b. 12-14-70		27c.		27d.	

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

JUL 30 1971  
JAN 8 1971

FEB 17 1971

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 Engineer P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee, KS

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.