

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8881

FILED MAR 17 1951

751

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Kansas</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>General Hospital #1</u> d. STREET ADDRESS <u>3643 Baltimore</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>---</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #1</u>			d. STREET ADDRESS (If rural, give location) <u>3643 Baltimore</u>		
3. NAME OF DECEASED (Type or Print) <u>WESLEY</u>		a. (First) <u>A.</u>		b. (Middle) <u>WALBY</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18 1951</u>		5. SEX <u>M</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 10, 1878</u>	
9. AGE (In years last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Wheeling Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>John B. Walby</u>	
13b. MOTHER'S MAIDEN NAME <u>Katherine McCreery</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence R. Walby</u>		ADDRESS <u>507 E. Pacific, Independence, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION <u>Walby</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pancreatitis</u>			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Feb. 12, 1951</u> , to <u>Feb. 18, 1951</u> , that I last saw the deceased alive on <u>2-18, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>B. I. Burns (Degree or title)</u>			23b. ADDRESS <u>General Hospital</u>		23c. DATE SIGNED <u>2-18-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 21, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>	
24d. LOCATION (City, town, or county) (State) <u>Wheeling Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-18-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley R. Louster R.C.M.S.</u>		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *J. Dwight Henrich*
Licensed Embalmer No. *3599*
P. O. Address *H. C. Me...*

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