

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8903
817

BIRTH NO. 15939-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>8hr. 45min.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2029 Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Willows</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wade</u> b. (Middle) <u>-----</u> c. (Last) <u>Willingham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 19, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>Febr. 18, 1951</u>		9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
IF UNDER 24 HRS. Hours <u>8</u> Min. <u>45</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Connie June Willingham</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Infant</u>		16. SOCIAL SECURITY NO. <u>Infant</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Connie June Willingham</u>	
				ADDRESS <u>2929 Main, K.C. Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Asphyxiation</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Asphyxiation</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>Malformation of mouth</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Absence of soft palate</u>					
II. OTHER SIGNIFICANT CONDITIONS		<u>Tongue very thick-no sublingual muscles</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 Febr. 18, 1951, to Febr. 19, 1951, that I last saw the deceased alive on February 18, 1951 and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. F. Van Der ...</u>		(Degree or title)		23b. ADDRESS <u>1103 Grand Avenue</u>		23c. DATE SIGNED <u>Febr. 19, '51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 22, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>2-21-51</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILKS FUNERAL HOME</u>		ADDRESS <u>2315 Linwood K.C. 3 Mo</u>	
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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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Chas E. Wilks

Licensed Embalmer No. _____

2644

P. O. Address _____

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