

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **16864**

Registrar's No. **2269**

FILED JUN 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2269**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>24 YEARS</b>		d. STREET ADDRESS <b>DUNBAR'S ADDITION 4225 NORTH WALNUT STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>THOMAS</b> c. (Last) <b>WAMSLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 24 1951</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC-31-1887</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WHEELING CARROLLERS NORTH KANSAS CITY, MO.</b>		11. BIRTHPLACE (State or foreign country) <b>CENTRALIA ILLINOIS</b>	
13a. FATHER'S NAME <b>WILLIAM THOMAS WAMSLEY</b>			13b. MOTHER'S MAIDEN NAME <b>ARABELLA CATERLIN</b>		
13c. NAME OF HUSBAND OR WIFE <b>MRS. IDA MAE WAMSLEY</b>			12. CITIZEN OF WHAT COUNTRY? <b>J. S. A.</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>495-07-3944</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. IDA MAE WAMSLEY 4225 No. WALNUT ST. K.C. 16, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension &amp; arteriosclerosis</b>		<b>several years</b>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>420!</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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 **5-24**, 19**51**, to **5-24**, 19**51**, that I last saw the deceased alive on **5-24**, 19**51**, and that death occurred at **2:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank B. Leitz</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>1530 Prof. Bldg. Kan. City, Mo</b>	23c. DATE SIGNED <b>5-25-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 26 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>5-16-51</b>	REGISTRAR'S SIGNATURE <b>Deraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Newcomer</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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(Licensed Embalmer's Statement of Reverse Side)

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

JUL 6 1951

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

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed

*Robert Ray*

Licensed Embalmer No. ....

*4182*

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