

FILED FEB 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4895
602 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH

a. COUNTY JACKSON 3

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

c. LENGTH OF STAY (in this place) 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION ASHGROVE MILWAUKEE REFORM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo b. COUNTY CLAY 0341

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LIBERTY

d. STREET ADDRESS (If rural, give location) 400 So MISSOURI

3. NAME OF DECEASED

a. (First) William b. (Middle) E c. (Last) CECIL

4. DATE OF DEATH (Month) (Day) (Year)
2 4 52

5. SEX
MO

6. COLOR OR RACE
W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
DIVORCED

8. DATE OF BIRTH
3/3/90

9. AGE (In years last birthday) 61

10. IF UNDER 1 YEAR (Days) 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
R.R. ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY
MILKMAKING R.R.

11. BIRTHPLACE (State or foreign country)
Mo 0

12. CITIZEN OF WHAT COUNTRY?
US

13a. FATHER'S NAME
JAMES H. CECIL

13b. MOTHER'S MAIDEN NAME
FRANCES GROOM

14. NAME OF HUSBAND OR WIFE
HAZEL LITTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Gilmer Cecil K.C. Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
Evidence of old Coronary Occlusion

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
natural

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2, 1952, to 19, 1952, that I last saw the deceased alive on 2, 1952, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)
Hugh H. Owens, Coroner

23b. ADDRESS
1034 1/2 1st St. Bldg.

23c. DATE SIGNED
2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
2/8/52

24c. NAME OF CEMETERY OR CREMATORY
LIBERTY

24d. LOCATION (City, town, or county) (State)
LIBERTY Mo

DATE REC'D BY LOCAL REG. 2-8-52 **REGISTRAR'S SIGNATURE**
Thelma Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
SHEPHERD FUNERAL HOME K.C. Mo

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Richard C. Carroll*.....

Licensed Embalmer No. *4829*.....

P. O. Address *R. 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.