No. 300
10.48

FILED APR 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13256

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 158

485

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE
c. LENGTH OF STAY (In this place): 27 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): INDEPENDENCE SANITARIUM & HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE 0485
d. STREET ADDRESS (If rural, give location): 827 S. HOCKER 0

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) LESLIE c. (Last) WILLOUGHBY

4. DATE OF DEATH (Month) (Day) (Year): APRIL 18 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: MAY 4 1892

9. AGE (In years last birthday): 59 — 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): ENGINEER POWER HOUSE

10b. KIND OF BUSINESS OR INDUSTRY: STANDARD OIL CO

11. BIRTHPLACE (City and State or Foreign Country): FAIRFAX S. DAKOTA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LEONARD S. WILLOUGHBY

13b. MOTHER'S MAIDEN NAME: HATTIE SMITH

14. NAME OF ~~HUSBAND OR~~ WIFE: ETHEL FRANCES WILLOUGHBY

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

16. SOCIAL SECURITY NO.: 486-03-0984

17. INFORMANT'S ~~SIGNATURE OR~~ NAME: MRS. E. F. WILLOUGHBY ADDRESS: 827 S. HOCKER

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 9:30 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Deputy Coroner

23b. ADDRESS: 21050 Broadway Kans

23c. DATE SIGNED: 4-19-52

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

24b. DATE: APR 21 1952

24c. NAME OF CEMETERY OR CREMATORY: MOUND GROVE

24d. LOCATION (City, town, or county) (State): INDEPENDENCE MO

DATE REC'D BY LOCAL REG.: Apr. 20-1952

REGISTRAR'S SIGNATURE: [signature] 354-10

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Henry W. Stahl INDEPENDENCE MO

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1952

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 Henry W. Stahl

Licensed Embalmer No. 3181

P. O. Address Independence

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.