

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16397
Registrar's No. 2297

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2297	
1. PLACE OF DEATH a. COUNTY Jackson <i>J</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson <i>3118</i>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City		c. LENGTH OF STAY (If this place) <i>7742</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 1023 Penn			
3. NAME OF DECEASED (Type or Print) Willard		a. (First)		b. (Middle) <i>J.</i>		c. (Last) Costlow	
4. DATE OF DEATH		(Month) 5		(Day) 19		(Year) 52	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced 3</i>		8. DATE OF BIRTH 2-10-1910	
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver Stewart & Co.</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Nixie, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>							
13a. FATHER'S NAME <i>Will Costlow</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Carrier</i>		14. NAME OF HUSBAND OR WIFE <i>Esther Costlow</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>W.W. II "Dnk."</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Record Clerk: R.C. Gen. Hosp.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Primary Carcinoma of lung with metastases</i>		right					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <i>Pulmonary infarct left lung</i>				<i>162X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) 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 <i>April 22 1952</i> , to <i>May 19 1952</i> , that I last saw the deceased <i>alive on May 19 1952</i> , and that death occurred at <i>2:15A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>B.I. Burns</i> (Degree or title)				23b. ADDRESS <i>24th & Holmes</i>		23c. DATE SIGNED <i>5-19-52</i>	
24a. BY STATE CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-21-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Not Military Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>F. Leavenworth, Kan.</i>	
DATE REC'D BY LOCAL REG. <i>5-20-52</i>		REGISTRAR'S SIGNATURE <i>Steraldine Holmes</i>		25. JUDICIAL DEPARTMENT'S SIGNATURE <i>R.C. Weidub. R.C.S. Mo.</i>			

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

Dr. Jantzen

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.....

B. E. Wehler

Licensed Embalmer No. _____

P. O. Address.....

*4075
E. C. S. 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.