FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12285

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1503

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

William Q. Wu

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 24 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3643 South Benton 3568

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): May
c. (Last): Willis

4. DATE OF DEATH (Month) (Day) (Year): Mar. 30 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug-4-1893
9. AGE (In years last birthday): 60 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and State or Foreign Country): Tindall Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George W. DeVaul
13b. MOTHER'S MAIDEN NAME: Philadelphia Wright
14. NAME OF HUSBAND OR ~~WIFE~~: Roby H. Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Roby H. Willis — ADDRESS: 3643 South Benton Kansas City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured cerebral aneurysm — INTERVAL BETWEEN ONSET AND DEATH: Two weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
330X

19a. DATE OF OPERATION: Mar. 29, '54
19b. MAJOR FINDINGS OF OPERATION: Old subarachnoid hemorrhage & Ruptured aneurysm
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* Mar 18, 1954, *to* Mar. 30, 1954, *that I last saw the deceased alive on* Mar. 30, 1954, *and that death occurred at* 4:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William Q. Wu, M.D.
23b. ADDRESS: 215 Argyle Bldg. K.C. Mo
23c. DATE SIGNED: Mar. 31, '54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 3 1954
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Forest Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 4-3-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D.H. Newcomer's Sons — ADDRESS: 1331 Brush Creek Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert A. Boy

Licensed Embalmer No. 48

P. O. Address K 610,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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