

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29877
3977
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>9 years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				STREET ADDRESS (If rural, give location) <u>5713 Park Avenue</u> <u>3905</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriet</u>		b. (Middle) <u>Willoughby</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>9-9-55</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>3-25-81</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 9TH-SENIOR TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHIPPENSBURG STATE TEACHERS COLLEGE, PA.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR CARTHAGE MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES E. WILLOUGHBY</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA A. HOOD</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>AUSTIN WILLOUGHBY REEDS, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Frangene of ileum</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of ileum</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>153h</u>	
19a. DATE OF OPERATION <u>9-4-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of ileum</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kansas City</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Sept 3, 1955</u> , to <u>Sept 9, 1955</u> , that I last saw the deceased alive on <u>Sept 8, 1955</u> , and that death occurred at <u>9:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. Greene</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1103 Grand Kansas City</u>		23c. DATE SIGNED <u>9-9-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-11-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JASPER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SOUTHEAST OF CARTHAGE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-10-55</u>		REGISTRAR'S SIGNATURE <u>Neve Minshel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.H. Neocomer's Sons 1331 BRUSH CARRIAGE KANSAS CITY, MO.</u>			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *KE S*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.