

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15835**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1913**

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>CLAY</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>3 WEEKS</b>	c. CITY OR TOWN <del>KANSAS CITY</del> <b>LIBERTY</b>	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 <b>5234 MONGER Bldg. Home</b>		e. STREET ADDRESS (If rural, give location) <b>1000 Park Blvd</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSIAH</b> b. (Middle) <b>Nelson</b> c. (Last) <b>Willsey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 1 1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>MAR. 12 1870</b>	9. AGE (In years) <b>86</b>	IF UNDER 1 YEAR: Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>M.O.P. R.R. Co. Bridge Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FOREMAN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>NIOTA, ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Peter Willsey</b>	13b. MOTHER'S MAIDEN NAME <b>BARBARA STARKEY ROSENE Willsey, Deceased</b>	14. NAME OF HUSBAND OR WIFE <b>MISS. VERENA BAUMERT, MISSION, KS.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>702-16-0357</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MISS. VERENA BAUMERT</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral occlusion</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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.)	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? <b>MAY</b>

22. I hereby certify that I attended the deceased from **April 28**, 19**56**, to **May 1**, 19**56**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. W. Anderson</b> (Degree or title)	23b. ADDRESS <b>Box 8922 Clay, Mo</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-2-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NAUVOO. Cem</b>
24d. LOCATION (City, town, or county) (State) <b>NAUVOO. ILL.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMERS, No. KC. Mo</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>5-2-56</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	

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 *John H. Halsbeck*.....

Licensed Embalmer No. *4947*

P. O. Address *W. J. Lansen*

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.