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

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20799

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2454

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): 60 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph 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): 4315 Gladstone Blvd. 30880

3. NAME OF DECEASED (Type or Print)
a. (First): CALVIN
b. (Middle): M
c. (Last): WILLIS

4. DATE OF DEATH (Month) (Day) (Year): June 2 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 16, 1875
9. AGE (In years last birthday): 80
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): Retired Letter Carrier
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lawrence, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Calvin Marcellus Willis
13b. MOTHER'S MAIDEN NAME: Mary Moor
14. NAME OF ~~HUSBAND OR~~ WIFE: Sarah 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.: 491-32-3537
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Calvin A. Willis, 4315 Gladstone, K.C., 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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Sclerosis — Unknown
DUE TO (c) 4201H

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebrovascular Infarction; Carcinoma of Bladder; Chronic Pyelonephritis — 3 days; Unknown; 6 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* 1949, 19__, *to* 6-2, 1956, *that I last saw the deceased alive on* 6-1, 1956, *and that death occurred at* 4:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE P. A. Kienberger (Degree or title) MD
23b. ADDRESS: 5246 St Johns
23c. DATE SIGNED: 6-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4, 1956
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Mt. Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 6-4-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D. H. Newcomer Sons, 1331 Brush Creek Blvd., Kansas City, Missouri

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 481

P. O. Address Kansas Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.