

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH38317
STATE FILE NUMBER 4870

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE TENNESSEE MO b. COUNTY JACKSON Robertson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR KANSAS CITY		c. CITY OR KANSAS CITY SPRINGFIELD Mo <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE WHEATLEY PROVIDENT		Length of stay in lb 2 DAYS	
3. NAME OF DECEASED (Type or print) First AUGUSTA Middle Last WILLIS		4. DATE OF DEATH Month II Day 10 Year 1956	
5. SEX Fe	6. COLOR OR RACE COL	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH UNK
9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) SPRINGFIELD TENN		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ALBERT BARBEE		14. MOTHER'S MAIDEN NAME MARY JANE KRISSE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT ELMA BROOKS		6105 DREHEL BLVD CHICAGO ILL	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular disease. DUE TO (c) Brain Tumor (meningioma)			INTERVAL BETWEEN ONSET AND DEATH 223X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11-3-56 to 11-10-56 and last saw her alive alive on 11-10-56 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George H. Taft, M.D. (Degree or title)		22b. ADDRESS 2204 E. 18th St., K.C. Mo.	
22c. DATE SIGNED 11/10/56			
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Removed		23b. DATE 11-11-56	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Springfield Tenn.	
24. FUNERAL DIRECTOR WATKINS BROS' FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 11-10-56	
26. REGISTRAR'S SIGNATURE neva minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

George H. Taft

MEDICAL CERTIFICATION

232 10137

Handwritten note or signature

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Nicholas J. Green*

Licensed Embalmer No. *4*

P. O. Address *N.S. 2*

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