No. 300
10.48

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1518

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 19

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): 39 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Luthern Hosp.

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 ☐
STREET ADDRESS (If rural, give location): 3604 Genesse

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Wandelohr c. (Last) Williford

4. DATE OF DEATH (Month) Jan. (Day) 1, (Year) 1957

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Feb. 9, 1895 **9. AGE** (In years last birthday) 61 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): Surveyor
10b. KIND OF BUSINESS OR INDUSTRY: Hands Surveying Co.
11. BIRTHPLACE (City and State or Foreign Country): Sherman Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James S. Williford
13b. MOTHER'S MAIDEN NAME: Annie E. Brooks
14. NAME OF HUSBAND OR WIFE: Nellie Williford

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. 496-16-5348
17. INFORMANT'S SIGNATURE OR NAME: Nellie E. Williford **ADDRESS:** 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) Carcinoma lung (Jan-mos) — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ — 163X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia — 2 wks

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* Sept 2, 1956, *to* 1/1, 1957, *that I last saw the deceased alive on* 1/1, 1957, *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE James A Tesson **(Degree or title)** MD **23b. ADDRESS** 907 Realty Bldg **23c. DATE SIGNED** 1/3/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** 1/3/57 **24c. NAME OF CEMETERY OR CREMATORY** Rose Hill **24d. LOCATION** (City, town, or county) Tyler (State) Texas

DATE REC'D BY LOCAL REG. 1-3-57 **REGISTRAR'S SIGNATURE** Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure **ADDRESS** K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

James A. Tesson

Dr. James A. Tesson
Rialto Bldg.
Vi. 2-2389
will be at Trinity
Lutheran Hosp at 9 A.M.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmo D. Tipsett

Licensed Embalmer No. 4817

P. O. Address Kansas City, [illegible]

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