

Health,
& Welfare
S. Public
Health Service

S. 300
v. 1-57

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17407
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6148

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 3922 MICHIGAN AVE	
Length of stay in 1b 42 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First PERCY Middle F Last WILLEY			4. DATE OF DEATH Month DEC. Day 23 Year 1957		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT-24-1889	9. AGE (in years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - SYRS. CLERK	11. PLACE OF BIRTHPLACE (City and state or country) TOPEKA, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME OLIVER WILLEY	13b. MOTHER'S MAIDEN NAME CLARA HOUSHNEITCH	14. NAME OF HUSBAND OR WIFE CLARA E. WILLEY
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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. 488-40-5729	17. INFORMANT Mrs. CLARA E. WILLEY Address 3922 MICHIGAN AVE. KANSAS CITY, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemiplegia (left)		INTERVAL BETWEEN ONSET AND DEATH 14 days
DUE TO (b) Cerebral Thrombosis		14 days
DUE TO (c) 332x		
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 type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 4:10 a.m. 12:23 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2012 Plaza Theater Bldg	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Missouri	STATE
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21. I attended the deceased from Dec. 9 1957 to Dec. 23 1957 and last saw him alive on Dec. 22 1957 Death occurred at 4:10 A.M. on the date stated above and to the best of my knowledge, from the causes stated.	
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21. SIGNATURE Kenneth A. Davis M.D. (Degree or title)	22. ADDRESS 2012 Plaza Theater Bldg Kansas City, Mo.	22c. DATE SIGNED 12-23-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 26 1957	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 12-26-57	26. REGISTRAR'S SIGNATURE newa minshall
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Kenneth A. Davis
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Basil V. Honey*

Licensed Embalmer No. *4724* ..
P. O. Address *K.C., Mo.* ..

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.