Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025876
STATE FILE NUMBER

FILED JUL 30 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3347

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Luke's Hospital — Length of stay in 1b 47 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ~~Missouri~~ Kansas b. COUNTY Johnson
c. CITY OR TOWN Overland Park 81508 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 6421 West 69th Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Minnie Middle Virginia Last ~~Willitt~~ Willett

4. DATE OF DEATH Month July Day 3 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH May 26, 1889
9. AGE (In years last birthday) 69 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Plattsburg, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Harris
13b. MOTHER'S MAIDEN NAME Mary Virginia
14. NAME OF HUSBAND OR WIFE John E. ~~Willitt~~ Willett

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. None
17. INFORMANT John E. ~~Willitt~~ Willett Address Overland Park, Ks. 6421 West 69th Street.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ureteral Obstruction
DUE TO (c) Carcinomatosis of Abdomen primary hepatic flexure of colon
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1531
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
ITEM 3, 14, 17 CORRECTED BY AFFIDAVIT OF Informant 7-23-59 [illegible]
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 2/3/58, to 7/3/58 and last saw her/him alive on 7/3/56
Death occurred at ~~St. Luke's Hospital~~ 8:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. B. Schutz M.D.
22b. ADDRESS 330 West 47th St., K. C., Mo.
22c. DATE SIGNED 7/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-7-1958
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS, ADDRESS 1331 Brush Creek K. C., Mo.
25. DATE RECD. BY LOCAL REG. 7-7-58
26. REGISTRAR'S SIGNATURE Nevas Minchall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

C. B. Schutz

Ne 1-4928

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 Chester K Brown

Licensed Embalmer No. 4931

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.