

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025877

STATE FILE NUMBER

3619

FILED AUG 15 1958

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		Length of stay in lb <b>5 days</b>	d. STREET ADDRESS (If outside, give location) <b>2819 E. 78th. st.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Carey</b> Middle <b>Allen</b> Last <b>Willoughby</b>			4. DATE OF DEATH Month <b>July</b> Day <b>26</b> , Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 21, 1958</b>	9. AGE (In years last birthday) <b>5</b>	IF UNDER 1 YEAR Months <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Laurence Willoughby</b>		13b. MOTHER'S MAIDEN NAME <b>Maymie Lappington</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Laurence Willoughby 2819 E. 78th. st. K.C. Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Conghalocele.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Visceration of Small Bowel.</b>				<b>5 days.</b>	
DUE TO (c) <b>Atresia of small bowel.</b>				<b>5 days.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <b>5612</b>				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.)		
20c. TIME OF INJURY Hour <b>6:25</b> Month, Day, Year <b>7-21-58</b> a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>7-21-58</b> to <b>7-26-58</b> and last saw her alive on <b>7-26-58</b> Death occurred at <b>6:25</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>E. A. Wilkinson</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>1103 Grand Ave.</b>		22c. DATE SIGNED <b>7-27-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7/27/58</b>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or country) (State) <b>Carthage Mo.</b>	
24. FUNERAL DIRECTOR <b>Stine &amp; McClure K.C. Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7-27-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

B. A. Wilkinson USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, coroner, etc., must use only standard nomenclature in item 78. No symptoms will be listed. All diseases in Part I must be causally related.



28 10.15 A.M.  
Registration Paper

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 *J. S. Walton* .....

Licensed Embalmer No. *2744* .....

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.