

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018029

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2116

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wisconsin b. COUNTY Ashland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mellen Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hosp.		Length of stay in 1b 9 days	8488 STREET ADDRESS (If outside, give location) 8 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Walter J Willoughby			4. DATE OF DEATH Month Day Year May 13 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 24 1875	9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired resort owner		10b. KIND OF BUSINESS OR INDUSTRY resort	11. BIRTHPLACE (City and state or country) Willard Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arthur James Willoughby		13b. MOTHER'S MAIDEN NAME Ringle		14. NAME OF HUSBAND OR WIFE Bertha Willoughby	
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. 393 12 1569		17. INFORMANT son Keith B Willoughby Farmington Mich.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arterial Hypertension DUE TO (c) 1 mo. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <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 May 4-5 to May 13-59 and last saw him alive on May 13 1959 Death occurred at 8:12 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H.F. Stolorowski (Degree or title)			22b. ADDRESS 2501 Buchanan Rd		22c. DATE SIGNED 5-13-59

23a. BURIAL, CREMATION, REMOVAL Removal		23b. DATE 5/13/59		23c. NAME OF CEMETERY OR CREMATORY Mellen Union Cemetery Mellen Wisconsin	
24. FUNERAL DIRECTOR ADDRESS Sidmon Mortuary K.C.Mo Brunns Funeral Home Mellen Wis.			25. DATE RECD. BY LOCAL REG. 5-14-59		26. REGISTRAR'S SIGNATURE Beva Minshell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases in Part I must use only standard nomenclature whenever possible. No symptoms will be traced.

H. L. Stolorowski

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 *Jack F. Moore*

Licensed Embalmer No. *47229*

P. O. Address *Kansas City*

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.