THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021775

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2829

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) V A HOSPITAL — Length of stay in 1b 31 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Jackson
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 3220 HARRISON — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First ANDREW Middle R Last WILLINGHAM

4. DATE OF DEATH Month Day Year June 7, 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH March 1, 1890
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) Farmer & Custodian
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Fulton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Willingham
13b. MOTHER'S MAIDEN NAME Maggie Lockridge
14. NAME OF HUSBAND OR WIFE Nancy ~~WILLINGTON~~ WILLINGHAM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 513 28 7211
17. INFORMANT Address VA Hospital Official Records, K. C. Mo.

MEDICAL CERTIFICATION

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) Pulmonary edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Failure
DUE TO (c) Arteriosclerotic heart disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 June 3, 1959, to June 7, 1959 an xxxxxxxxxxx
Death occurred at 5:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE ANDREW J. RANDOLPH, M.D. [signature]
22b. ADDRESS VA Hospital, Kansas City, Mo.
22c. DATE SIGNED 6-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JUNE 10, 1959
23c. NAME OF CEMETERY OR CREMATORY MAPEL HILL CEM.
23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS

24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K. C. MO.
25. DATE RECD. BY LOCAL REG. 6-9-59
26. REGISTRAR'S SIGNATURE Neva Minshall

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 John V. Henrich Jr.

Licensed Embalmer No. 4848

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.