

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS JAN - 6 1960 149

Registration District No. Primary Registration District No. 1002 Registrar's No. 6110 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 2 Hrs	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8725, N, McGee
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM V. ENDICOTT			4. DATE OF DEATH DEC 18 1959			
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 10/7/1922	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic, T.W.A. Airlines		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) DUENWEG, MO	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM W. ENDICOTT		13b. MOTHER'S MAIDEN NAME LENA E. RIVERS		14. NAME OF HUSBAND OR WIFE ALMEDA ENDICOTT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. # 2		16. SOCIAL SECURITY NO. 486-26-1071	17. INFORMANT Address MRS, ALMEDA ENDICOTT, 8725, N, McGee			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cystic degeneration of heart muscle</i> DUE TO (b) <i>Chest with massive pulmonary embolism</i> DUE TO (c) <i>in Mediastinum</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) <i>Old myocardial Infarct</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>One Car turned Over</i>
20c. TIME OF INJURY Hour Month, Day, Year 12-19-59	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.) <i>Highway</i>
	20f. CITY, TOWN, OR LOCATION 500	COUNTY STATE <i>Clay MO</i>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Shepley Owens</i>	22b. ADDRESS 1034 Purity Blvd	22c. DATE SIGNED 12-19-59
23a. REMOVAL, CREMATION, OR REMOVAL (Specify) REMOVAL	23b. DATE 12/20/59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL CEMETERY
23d. LOCATION (City, town, or county) JOPLIN, MO.	24. FUNERAL DIRECTOR D.W. NEWCOMERS, N.K.C. 16 MO.	25. DATE RECD. BY LOCAL REG. 12-19-59
		26. REGISTRAR'S SIGNATURE <i>Neve Mindall</i>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF -
Hug H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman W. Tolson

Licensed Embalmer No. 4889

P. O. Address D. C., Md.

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.