

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015718

FILED VS MAY 16 1960

2414

STATE FILE NUMBER

DED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2414

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b. 24 Hrs.		c. CITY OR TOWN INdep. Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 12817 E 47th		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BRIAN Middle THOMAS Last WILLIG				4. DATE OF DEATH Month APR Day 28 Year 1960				
5. SEX MALE		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/30/60		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) 32 28		
11. BIRTHPLACE (City and state or country) KANSAS CITY, Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME KARL D. WILLIG			13b. MOTHER'S MAIDEN NAME Rose Marie Laut			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT Karl D. Willig Address 12817 E 47th		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS of Left Renal Vein							INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHIAL PNEUMONIA						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 <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 _____ a.m. _____ p.m. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <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 Jan 31, 1960 to 4/28/60 and last saw her/him alive on 4/28/60 Death occurred at 4:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Leo F. Cooper M.D. (Degree or title)				22b. ADDRESS 1220 E. 31st K.C. 9 mo		22c. DATE SIGNED 4-29-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4/30/60		23c. NAME OF CEMETERY OR CREMATORY BROOKING Cem.		23d. LOCATION (City, town, or county) (State) RAYTOWN, Mo		
24. FUNERAL DIRECTOR Kepley-Hinton ADDRESS RAYTOWN, Mo.				25. DATE RECD. BY LOCAL REG. 4-30-60		26. REGISTRAR'S SIGNATURE Irene Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Cooper

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

John R. Sidman
Licensed Embalmer No. 4531
P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.