

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-023463**

**FILED VS. JUL 5 1960/49**

Primary Registration District No. **1002** Registrar's No. **3269**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>52 yrs</b>		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>5505 Holmes</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5505 Holmes</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Frederick</b> Middle <b>D.</b> Last <b>Willard</b>				4. DATE OF DEATH Month <b>June</b> Day <b>17,</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>April 28, 1883</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>77</b> Days	IF UNDER 24 HR Hours <b>77</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Turner Unidrive Co.</b>		11. BIRTHPLACE (City and state or country) <b>Leavenworth Kas.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Frederick W. Willard</b>			13b. MOTHER'S MAIDEN NAME <b>Julia Dustin</b>		14. NAME OF HUSBAND OR WIFE <b>Lyle Willard</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>496-07-0545</b>	17. INFORMANT Address <b>Lyle Willard Same</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>Acute myocardial infarction</b>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Acute coronary Occlusion</b>					
		DUE TO (c) <b>Arteriosclerotic Heart disease</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 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>7</b> Month, Day, Year <b>3-1-57</b> a.m. p.m.							
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 <b>3-1-57</b> to <b>6-17-60</b> and last saw her <b>6-10-60</b> Death occurred <b>7</b> P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John H. Wheeler M.D.</i> (Degree or title)				22b. ADDRESS <i>411 North Rd Kansas City Mo</i>			22c. DATE SIGNED <b>6-19-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/20/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington</b>		23d. LOCATION (City, town, or county) <b>Kansas City Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Stine &amp; McClure, Kansas City, Missouri</b>			ADDRESS	25. DATE RECD. BY LOCAL REG. <b>6-20-60</b>	26. REGISTRAR'S SIGNATURE <i>Neva Minchall</i>		

DOCUMENT

John H. Wheeler M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 William M. Jones

Licensed Embalmer No. 464  
P. O. Address Lawrence 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.