URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

-60-023539

STATE FILE NUMBER

ENDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Twp
Length of stay in 1b 28 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lees Summit R.F.D
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Lees Summit
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Colburn Rd.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Lillie Middle May Last Wyatt
4. DATE OF DEATH Month June Day 29 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH May 22 1878
9. AGE (last birthday) 82
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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Blue Springs Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Martin Gore
13b. MOTHER'S MAIDEN NAME Bettie Porter
14. NAME OF HUSBAND OR WIFE William - Deceased
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. None
17. INFORMANT Mildred Selvey Address Lee's Summit Mo

MEDICAL CERTIFICATION

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 Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 10 yrs
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 28, 1960, to June 29, 1960 and last saw her ~~him~~ alive on June 28, 1960
Death occurred at 5:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William J. Bell (Degree or title) M.D.
22b. ADDRESS Lee's Summit Mo
22c. DATE SIGNED 6-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-1-1960
23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem
23d. LOCATION (City, town, or county) Cemetery Blue Springs (State) Mo

24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Blue Springs Mo
25. DATE RECD. BY LOCAL REG. 6-29-1960
26. REGISTRAR'S SIGNATURE V. B. Ferguson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____ Signed William Frew

Signature of Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Blue Spring

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