

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-001789  
STATE FILE NUMBER

FILED VS JAN 3 1 1961

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 3

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

ITEM NO.

18 due to acute & chronic pyelonephritis / carcinoma of prostate 4/5/61  
 II atonia neurogenic bladder with urinary retention 2 yrs. 4/5/61  
 Parkinson's disease 6 yrs.  
 BY AFFIDAVIT OF Attending physician

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GRANDVIEW		Length of stay in lb 58 yrs	c. CITY OR TOWN GRANDVIEW		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 13128 Fifth St			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 13128 Fifth St	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS ENGLE WAY			4. DATE OF DEATH Month Day Year JANUARY 28 1961		
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 4-2-92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Residential & Com		11. BIRTHPLACE (City and state or country) Stanton, Va.	
10c. CITIZEN OF WHAT COUNTRY U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Russell F. Way		13b. MOTHER'S MAIDEN NAME Mary A. Hilderbrand		14. NAME OF HUSBAND OR WIFE Eve Juanita Way	
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.		17. INFORMANT Address Eve Way 13128 5th, Grandview, Mo.	
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) <u>CACHOXIA AND INANITION</u>					6 wks.
Acute and Chronic pyelonephritis					
DUE TO (b) <u>CARCINOMA of PROSTATE</u>					1 yr
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Atonia neurogenic bladder with urinary retention 2 yrs. Parkinson's disease 6 yrs.					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 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 <u>Nov 10, 1956</u> to <u>Jan 28, 1961</u> and last saw <sup>her</sup> him alive on <u>Dec 15, 1960</u> Death occurred at <u>7:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Edith Fisher M.D.</i>			22b. ADDRESS 506 E 21 <sup>st</sup> NKC MO		22c. DATE SIGNED 1-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-30-1961	23c. NAME OF CEMETERY OR CREMATORY Raymore Cemetery		23d. LOCATION (City, town, or county) (State) Raymore, Missouri
24. FUNERAL DIRECTOR ADDRESS E.K. George & Sons, Inc. Grandview, Mo			25. DATE RECD. BY LOCAL REG. 1-28-61	26. REGISTRAR'S SIGNATURE <i>Derling E. Godard</i>	

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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 *Herbert E. Goddard*

Licensed Embalmer No. 4911  
P. O. Address *Fraudwell, 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.