MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031204

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3978 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED AUG 20 1962

1. PLACE OF DEATH a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 6 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 204 W. 68th TERR. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First PARKER Middle WILLIAM Last MYERS

4. DATE OF DEATH Month AUGUST Day 1 Year 1962

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-24-1939
9. AGE (last birthday) 22 Yrs — 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) Student
10b. KIND OF BUSINESS OR INDUSTRY Student
11. BIRTHPLACE (City and state or country) Fort Dodge Iowa
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Orson F. Myers
13b. MOTHER'S MAIDEN NAME Leonna ~~Myers~~ Meyers
14. NAME OF HUSBAND OR WIFE Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT Address Orson F. Myers 204 W. 68th Terrace

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Viral Encephalitis — INTERVAL BETWEEN ONSET AND DEATH 3 weeks
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)
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 10 July 62 to August 62 and last saw him alive on 1 August 62
Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jean B Willoughby (Degree or title) M.D.
22b. ADDRESS 6400 Prospect KC Mo
22c. DATE SIGNED 2 Aug 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 8-3-62
23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons
23d. LOCATION (City, town, or county) (State) Kansas City, Missour

24. FUNERAL DIRECTOR ADDRESS STINE & McCLURE, KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG. 8-2-62
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3 864 2		
3			
4	0		
5	0		
6			
7	1		
8	1		
9	0823		
10			
11			
12	64. 0		
13			

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Jean B. Willoughby

Dr Jean Willoughby
~~5905~~ Main 6406 Prospect
~~[illegible]~~
Hi 4-4474
(will call me)

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 Donald J. Brown

Licensed Embalmer No. 5151

P. O. Address K C 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.