

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032499
4587 STATE FILE NUMBER

Registration District No. 749 Primary Registration District No. 6002 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 13 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>27 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>5610 Woodland,</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <u>Wilson</u> Middle <u>Wolf</u> Last <u>Watley</u>			Month <u>August</u> Day <u>15</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-12-09</u>
9. AGE (last birthday) <u>53</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Welder</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Welder</u>		11. BIRTHPLACE (City and state or country) <u>Arkana, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Charles Watley</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice Wolf</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Watley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Ruby Watley, # 5610 Woodland, K.C.</u>		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>metastatic malignancy</u>			<u>1 year</u>
DUE TO (b) <u>Prothogenic carcinoma</u>			<u>1 year</u>
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.
			<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 _____	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>March 15 1963</u> to <u>Aug 15, 1963</u> and last saw ^{her} him alive on <u>Aug 14, 1963</u>			
Death occurred at <u>7:15 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>751 E 63rd St KC Mo</u>	22c. DATE SIGNED <u>8-16-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 17, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>	23d. LOCATION (City, town, or county) <u>Kansas City Missouri</u>
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons, Kansas City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-16-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300 Rev. 4/59
1
2 38/8
3
4 0
5 1
6
7 1
8 1
9 162.1
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11
12 61-0
13

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 _____

Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Indep. Ma

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.