

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41363

No. 300

10. 48

|   |  |  |                     |   |                   |  |  |                                  |  |
|---|--|--|---------------------|---|-------------------|--|--|----------------------------------|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 149   |                     | PRIMARY REG. DIST. NO. 1002   |                   | Registrar's No. 5009   |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |  |  |                     | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jackson |                   |  |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  |  | c. LENGTH OF STAY (in this place) 5 years  |                     | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City                                      |                   | 49 27  |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1   |  |  |                     | d. STREET ADDRESS (If rural, give location) 3216 Harrison   |                   |  |  |                                  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Harvey  |  |  | b. (Middle) William |   | c. (Last) Willsey |  | 4. DATE OF DEATH (Month) (Day) (Year) 11 28 1949 |                                  |  |
| 5. SEX Male   |  | 6. COLOR OR RACE White   |                     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  |                   | 8. DATE OF BIRTH June 11, 1896   |  |                                  |  |
| 9. AGE (In years last birthday) 53  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofing Co.   |                     | 11. BIRTHPLACE (State or foreign country) Illinois  |                   | 12. CITIZEN OF WHAT COUNTRY? U. S. A.  |  |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |                     | 11. BIRTHPLACE (State or foreign country)   |                   | 12. CITIZEN OF WHAT COUNTRY?   |  |                                  |  |
| 13a. FATHER'S NAME James Willsey  |  | 13b. MOTHER'S MAIDEN NAME Alice Rogers   |                     | 14. NAME OF HUSBAND OR WIFE Elizabeth Willsey   |                   |  |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) World War I  |  | 16. SOCIAL SECURITY NO. 500 20 6707  |                     | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Willsey, 3216 Harrison K.C. Mo   |                   |  |  |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                     |   |                   |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |                     |   |                   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                     | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |                   | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.                               |  |                                  |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |                     |   |                   |  |  |                                  |  |
| 22. I hereby certify that I attended the deceased from Nov. 28, 1949, to Nov. 28, 1949, that I last saw the deceased alive on Nov. 28, 1949, and that death occurred at 9: P. m., from the causes and on the date stated above. |  |  |                     |   |                   |  |  |                                  |  |
| 23a. SIGNATURE Wm. W. Hart (Degree or title)  |  |  |                     | 23b. ADDRESS Med. Dir. Gen'l Hosp.  |                   | 23c. DATE SIGNED 11-29-49  |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  | 24b. DATE Nov 30, 1949   |                     | 24c. NAME OF CEMETERY OR CREMATORY Lees Summit Cemetery   |                   | 24d. LOCATION (City, town, or county) (State) Lees Summit, Missouri              |  |                                  |  |
| DATE REC'D BY LOCAL REG. 12-1-49  |  | REGISTRAR'S SIGNATURE Geraldine Holmes   |                     | 5. FUNERAL DIRECTOR'S SIGNATURE W. P. Langford  |                   | ADDRESS Lees Summit Mo   |  |                                  |  |

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. Mitchell*

MAY 9 1956

**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 .....  
Student Embalmer

Signed *J. B. Langford* \_\_\_\_\_

Licensed Embalmer No. *3833*

P. O. Address *Lehigh Summit Pa*

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 this body is not embalmed, fact should be so stated above.