No. 300
10.48

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

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16422
Registrar's No. 1931

BIRTH NO. ____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4123 East 8th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4123 East 8th 3170

3. NAME OF DECEASED (Type or Print)
a. (First): Willman
b. (Middle): R.
c. (Last): Bender

4. DATE OF DEATH (Month) 5 (Day) 5 (Year) 51

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec. 17, 1887
9. AGE (In years last birthday): 63 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Willard Bender
13b. MOTHER'S MAIDEN NAME: Alice Tate
14. NAME OF HUSBAND OR WIFE: Mrs. Mary Alice Bender
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-28-5855
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary Alice Bender, ADDRESS: 4123 East 8th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Sclerosis — 1½ year
DUE TO (c) Congestive Heart Failure — 16 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 28, 1949, *to* May 5, 1951, *that I last saw the deceased alive on* April 10, 1951, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE Graham Asher MD 0 (Degree or title): Graham Asher MD
23b. ADDRESS: Kansas City 6, Mo. 1220 Professional Bldg.
23c. DATE SIGNED: 5-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 5/7/51
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Whiting, Kansas

DATE REC'D BY LOCAL REG.: 5-5-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: FREEMAN MORTUARY & CHAPEL, K.C., MO.

(Licensed Embalmer's Statement on Reverse Side)

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____ Registrar's No. _____ PRIMARY REG. DIST. NO. _____ AGE. DIST. NO. _____ BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION
e. STREET ADDRESS (If rural, give location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

3. NAME OF DECEASED (Type or Print)
a. (First)
b. (Middle)
c. (Last)
4. DATE OF DEATH (Month) (Day) (Year)

5. SEX
6. COLOR OR RACE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH
9. AGE (In years) (Last birthday) Months Days If under 1 year
10a. USUAL OCCUPATION (Give kind of work 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
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME
18. ADDRESS

19. CAUSE OF DEATH
Enter only one cause on each line for (a), (b), and (c).
"This does not mean the mode of dying, such as heart failure, asthenia, anoxia, hypostasis."
Immediate cause _____ (a) DUE TO (b) _____
Antecedent causes _____ DUE TO (c) _____
Underlying cause (disease or injury that initiated the train of events resulting in death) _____

MEDICAL CERTIFICATION
20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
DUE TO (b) _____
DUE TO (c) _____
21. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

22a. ACCIDENT SUICIDE HOMICIDE (Specify)
22b. TIME (Hour)
22c. PLACE OF INJURY (At home, farm, factory, street, office building, etc.)
22d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
22e. HOW DID INJURY OCCUR

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 _____ working under my personal supervision.

YES ☐ NO ☐

Student Embalmer No. _____

Student _____

Signed Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.

23a. DATE OF CERTIFICATION (Month, day, year)
23b. LOCATION (City, town, or county) (State)
23c. NAME OF CEMETERY OR CREMATORY
23d. DATE
23e. CRIMINAL CONSENT REMOVAL (Check)
23f. DATE SIGNED
23g. ADDRESS (Street or R.F.D.)
23h. FUNERAL DIRECTOR'S SIGNATURE
23i. ADDRESS
23j. REGISTRAR'S SIGNATURE
23k. DATE RECD BY LOCAL REG

(Licensed Embalmer's Statement on Reverse Side)

Dr. Shelburne Oglesby - Prof. Path. 1/18/80
Room 3