

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35280

State File No. _____

FILED NOV 8 1952

4650

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | |
| c. LENGTH OF STAY (In this place) <u>10 days</u> | | d. STREET ADDRESS <u>358 So. Odell</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>WILLEMS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1952</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov. 14, 1887</u> | 9. AGE (In years last birthday) <u>64</u> | # UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor - Building construction</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building construction</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Henry Richard Willems</u> | 13b. MOTHER'S MAIDEN NAME <u>Louise Lindler</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Linder Willems</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W. I. # 1</u> | 16. SOCIAL SECURITY NO. <u>495-36-6658</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Karl Caldwell</u> Mo. ADDRESS <u>23 E. Porter St., Marshall</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute and Chronic Myocardial Infarction</u> | | <u>1 day</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Sclerosis</u> | | <u>1 year</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Renal and Urinary Ulcer</u> <u>Subacute Esophagitis</u> | | <u>2 years</u> | <u>2 mos</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>1220</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) <u>Marshall (Saline) Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from Oct. 11, 1952, to Oct. 21, 1952, that I last saw the deceased alive on Oct. 21, 1952, and that death occurred at 2 a.m., from the causes and on the date stated above.

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| 22a. SIGNATURE <u>Graham Asher MD</u> (Degree or title) | 22b. ADDRESS <u>1220 Professional Bldg. Kansas City 6 - Mo.</u> | 22c. DATE SIGNED <u>10-22-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>10/21/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>10-23-52</u> | REGISTRAR'S SIGNATURE <u>S. Geraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u> ADDRESS <u>Kansas City, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. [unclear] [unclear]
Prof. [unclear] 26 818

JAN 1 1953

STATEMENT BY LICENSED EMBALMER

NOV 1 0 1952

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 George Trammell
Licensed Embalmer No. 4425

P. O. Address 14 E. 1st

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.