

FILED APR 9 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **10161**

1624

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

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>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville,</u> <u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>20 E. Linwood Blvd</u> <u>FUNERAL HOME</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #2</u>	
3. NAME OF DECEASED a. (First) <u>SUSAN</u> b. (Middle) <u>BELLE</u> c. (Last) <u>WILLBANKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 26, 1893</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. B. Dougherty</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Warford</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Willbanks</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Willbanks R.R. #2, Boonville, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Abdominal Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Pancreas.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>3/19/52; 2/9/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bile Duct Obstruction; Small bowel obstruction.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>1 yr.</u> <u>157X</u>	
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)	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 <u>3/19, 1952, to 3/19, 1953</u> , that I last saw the deceased alive on <u>3/19, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. A. Wilkinson</u> (Degree or title) <u>M.D. MD</u>		23b. ADDRESS <u>1332 Professional Bldg</u>	
23c. DATE SIGNED <u>3/20/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boonville, Mo.</u>	
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE-McCLURE K.C.MO.</u>		
DATE REC'D BY LOCAL REG. <u>3-21-53</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		

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

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Dr. E. A. Wilkinson
Prof. Bldg. Rm. 1332
Bar. 1040
about 2:30

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. R. Waller

Licensed Embalmer No. *2744*

P. O. Address *17 E. Myo*

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.