

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10166**  
Registrar's No. **1435**

FILED APR 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1435</u>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>20 yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vinyard Park Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>921 1/2 E. 12th.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mae</b> b. (Middle) <b>Anna</b> c. (Last) <b>Willis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 9, 1953</b>					
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>		8. DATE OF BIRTH <b>Aug. 3, 1881</b>		
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	
13a. FATHER'S NAME <b>John Stegman</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Hergenreder</b>			14. NAME OF HUSBAND OR WIFE <b>Henry Willis</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-12-9893</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Raymond Stegman Offerle, Kans.</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>(a) Cerebral Hemorrhage</b>  ANTECEDENT CAUSES <b>(b) Pneumonia</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>(c) Cellulitis about left leg</b> <i>infected ulcer on leg (n.m.o.)</i>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>1 week</b>  <b>2 weeks</b>  <b>715X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>2-3-53</u> , 19 <u>53</u> , to <u>3-9-53</u> , 19 <u>53</u> , that I last saw the deceased <u>alive on 3-9-53</u> , 19 <u>53</u> , and that death occurred at <u>12:30 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <b>D. M. Negro</b> (Degree or title) <i>Dr. D. M. Negro M.D.</i>				23b. ADDRESS <b>1222 McGee St., K.C., Mo.</b>		23c. DATE SIGNED <b>3-10-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-10-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kinsley Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kinsley City; Kans.</b>		
DATE REC'D BY LOCAL REG. <b>3-10-53</b>		REGISTRAR'S SIGNATURE <i>Eveline Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Peter B. Iapetina Kansas City, Mo.</b>				

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

He 2388

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 *John B. Loretta*

Licensed Embalmer No. 4273

P. O. Address KCMo

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.