

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14584

FILED MAY 8 1953

2047

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memoriah Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>206 S. Jackson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u>		b. (Middle) <u>May</u>		c. (Last) <u>Willis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1953</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 4, 1888</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gunn City, Mo.</u>		12. COUNTRY OF WHAT CITIZENRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pepper Realty Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gunn City, Mo.</u>		12. COUNTRY OF WHAT CITIZENRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. H. Sallee</u>		13b. MOTHER'S MAIDEN NAME <u>Helen A. Adams</u>		14. NAME OF HUSBAND OR WIFE <u>J. P. Willis (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>488 36 2447</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. R. Sallee, Independence, 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>Sixth hour Adenocarcinoma Breast</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Undulant Fever</u> <u>2 yrs.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> <u>170x</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION <u>1-24-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Left Breast, Axillary Metastasis</u>				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, 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>1-19, 1953</u> , to <u>4-14, 1953</u> , that I last saw the deceased alive on <u>4-14, 1953</u> , and that death occurred at <u>6:05 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Terry E. Kelly, M.D.</u>				23b. ADDRESS <u>915 Argyle Bldg</u>		23c. DATE SIGNED <u>4-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL OF BODIES <u>BURIAL</u>		24b. DATE <u>April 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-16-53</u>		REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Larson</u>		ADDRESS <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *Charles E. Schroeder*

Licensed Embalmer No... *4741*

P. O. Address *Independence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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