

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40073

State File No. _____

FILED DEC 29 1954

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>	
c. LENGTH OF STAY (in this place) <u>11 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Grey</u> c. (Last) <u>Wamsley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Oct 25, 1885</u>		9. AGE (In years last birthday) <u>69</u>		10. YEAR <u>69</u> MONTHS <u></u> DAYS <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>			

13a. FATHER'S NAME <u>Amasa Dillno Wamsley</u>		13b. MOTHER'S MAIDEN NAME <u>Tera Aikin Collinsworth</u>		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) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alma Smith Liberal, 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		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>2 wks.</u> <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Coronary embolism</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Carcinomatous Metastases</u> DUE TO (c) <u>Carc. (Multiple small intestine)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Major surgery for Pelvic Cancer about 8 yrs. ago.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>152X</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 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 Jan 10, 1950, to Dec 17, 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. H. Kneeland, D.O.</u>		23b. ADDRESS <u>Liberal, Mo</u>		23c. DATE SIGNED <u>12-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 20 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>	
24d. LOCATION (City, town, or county) (State) <u>Stanley Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Berkey</u>		ADDRESS <u>Mulberry, Kan</u>	
DATE REC'D BY LOCAL REG. <u>Dec 19 1954</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>			

(Licensed Embalmer's Statement on Reversed Side)

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

0060

MAR 22 1951

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. M. Berkey

Licensed Embalmer No. 2236

P. O. Address Mulberry Knave

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.