

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40978

State File No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5099</u>		
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>CLAY</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>43 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY NORTH</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>TRINITY LUTHERAN HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>107 5121 NORTH BELLAIRE 5071</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUBREY</u> b. (Middle) <u>DEVERE</u> c. (Last) <u>WILLITS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 21, 1955</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR. 12, 1890</u>		
9. AGE (In years last birthday) <u>65</u>		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) <u>BUSINESS REPRESENTATIVE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>PAINTERS DISTRICT COUNCIL # 3</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STROMSBURG NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Willits</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Gunnell</u>			14. NAME OF HUSBAND OR WIFE <u>MARGUERITE WILLITS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-16-3173</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. MARGUERITE Willits</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>years</u> <u>42 01</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Nov 19, 1955</u> , to <u>Nov 21, 1955</u> , that I last saw the deceased alive on <u>Nov 1, 1955</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Robert H. Hodge</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>329 Cannon, No. Kansas City, Mo</u>		23c. DATE SIGNED <u>Nov 22, 1955</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 25-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LAWRENCE KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>11-23-55</u>		REGISTRAR'S SIGNATURE <u>Drew Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>				

(Licensed Embalmer's Statement of Reverse Side)

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

0. 300
0. 48

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 *Basil Honey*

Licensed Embalmer No. *472*

P. O. Address *K.C., Mo.*

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.