

FIXED OCT 8 1956

STANDARD CERTIFICATE OF DEATH

298876

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1068

1. PLACE OF DEATH a. COUNTY <i>Duchanor</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Ray</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Joseph</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Excelsior Springs</i> Side Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp No 2</i>		Length of stay in 1b <i>6 mo 6 day</i>	
3. NAME OF DECEASED (Type or print) First <i>Willis</i> Middle <i>W.</i> Last <i>Endsley</i>		4. DATE OF DEATH Month <i>Sept</i> Day <i>29</i> Year <i>1956</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 11, 1875</i>
9. AGE (In years last birthday) <i>81</i>		IF UNDER 1 YEAR Months <i>3</i> Days <i>18</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>Ray County, Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Robert Parker Endsley</i>	
14. MOTHER'S MAIDEN NAME <i>Sarah Ann Brown</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Laurence W. Endsley - Excelsior Spas Mo</i> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio sclerosis</i> DUE TO (c) <i>Chronic Syndrome associated with Chronic Brain Disease</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>March 20 1956</i> to <i>Sept 29 1956</i> and last saw her alive on <i>Sept 28 1956</i> Death occurred at <i>7 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Forrest Thomas M.D.</i>		22b. ADDRESS <i>Sto No 7, State Hospital No 2</i>	22c. DATE SIGNED <i>9-29-56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Sept 29, 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Richmond, Mo.</i>	23d. LOCATION (City, town, or county) (State) <i>Richmond, Mo</i>
24. FUNERAL DIRECTOR <i>Thomas J. Carter Richmond, Mo</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>Oct 3, 1956</i>	26. REGISTRAR'S SIGNATURE <i>Cathleen M. Allison</i>

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Thomas J. Cortis*.....

Licensed Embalmer No. *44*.....

P. O. Address *Richmond*.....

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.