

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1956

30998

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1051

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 34 EAST 85th ST		Length of stay in 18 50 yrs		d. STREET ADDRESS (If outside, give location) 34 EAST 85th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Watling Last Watling				4. DATE OF DEATH Month SEPT Day 14 Year 1956			
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN 8, 1883	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 7 Days 3		IF UNDER 24 HRS. Hours 7 Min. 3		11. BIRTHPLACE (City and state or country) ILLINOIS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION				10b. KIND OF BUSINESS OR INDUSTRY ROCK CONSTRUCTION FOREMAN CO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MATHEW				14. MOTHER'S MAIDEN NAME MARY ANN JACKSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 495-01-4750		17. INFORMANT Address MRS. VIOLA WATLING 34 EAST 85th St. KANSAS CITY, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RIGHT CEREBRAL THROMBOSIS							18 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED
DUE TO (c)							425
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 5:10 A. Month, Day, Year							
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		20g. COUNTY STATE	
21. I attended the deceased from Aug 24 '55 , to SEPT 14 '56 and last saw ^{her} him alive on SEPT 14 '56 Death occurred at 5:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>P. C. Quistgard M.D.</i>				22b. ADDRESS 6266 Pleasant City		22c. DATE SIGNED 9-14-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL		SEPT-17-1956		MT. MORIAH CEMETERY		KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER SONS		ADDRESS 1231 BRUSH CREEK BLVD K.C. MO.		25. DATE RECD. BY LOCAL REG. 9-17-56		26. REGISTRAR'S SIGNATURE <i>neva minchell</i>	

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.. *Chester Brown*

Licensed Embalmer No. *49*

P. O. Address *CE*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.