

FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33421  
STATE FILE NUMBER 4615  
Registrar's No.

Registration District No. 393 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b> <b>5066</b> c. CITY OR TOWN <b>106 Kansas City North</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <b>4407 N. Campbell</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>HERBERT WAMSLEY</b> First Middle Last				4. DATE OF DEATH <b>OCT. 23, 1956</b> Month Day Year			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 23, 1873</b>	9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and state or country) <b>Cameron, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Jasper Wamsley</b>				14. MOTHER'S MAIDEN NAME <b>Emaline Ward</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>W. C. Wamsley</b> Address <b>4407 N. Campbell K. C. North, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatous</b> DUE TO (b) <b>Carcinoma of Pancreas</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)						INTERVAL BETWEEN ONSET AND DEATH <b>5 mos. 157k</b>	
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 a. m. Month, Day, Year p. m.							
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 <b>April 1956</b> to <b>October 23, 1956</b> and last saw <sup>her</sup> <del>him</del> alive on <b>October 3, 1956</b> . Death occurred at <b>8:45 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>David L. Zacharias</b> (Degree or title)				22b. ADDRESS <b>1644 North Oak</b>		22c. DATE SIGNED <b>10-23-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>10/23/56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>		23d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, Mo.</b>	
24. FUNERAL DIRECTOR <b>Brownfield Stanley</b>		ADDRESS <b>Pleasant Hill, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-24-56</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>	

295 2 107

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Raymond C. Stanley*

Licensed Embalmer No.....5

P. O. Address *Pleasant*

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