THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

STATE FILE NUMBER 1512

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 281

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL — Length of stay in this place 69 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5824 HOLMES STREET — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: BRUNS Last: WIGHTMAN

4. DATE OF DEATH Month Day Year: JAN. 16. 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: JUNE 20 1887

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 4 YRS. REGIONAL MGR.

10b. KIND OF BUSINESS OR INDUSTRY: AUTOMOTIVE EQUIPMENT CONTINENTAL BAKING CO.

11. BIRTHPLACE (City and state or country): KANSAS CITY, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT P. WIGHTMAN

14. MOTHER'S MAIDEN NAME: MINNIE E. BRUNS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 486-09-6313

17. INFORMANT: MRS. MABEL L. WIGHTMAN Address: 5824 HOLMES ST. KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 72 HOURS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) PERICARDITIS, ADHESIVE — 3 WEEKS.

DUE TO (c) CARCINOMATOSIS (PRIMARY CARCINOMA LUNG) — 4 MOS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 162+

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 11-7-56, to 1-16-57 and last saw her/him alive on 1-16-57. Death occurred at 11:58 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. R. Byers (Degree or title) M.D.

22b. ADDRESS 4655 Wyandotte, K.C. Mo.

22c. DATE SIGNED 1-17-57.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JAN. 19. 1957

23c. NAME OF CEMETERY OR ~~CREMATORY~~: MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 1331 BROOKS CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 1-19-57

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. L. Byers

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..... Signed Chester K. Bro

Signature of Student Embalmer

Licensed Embalmer No. 4

P. O. Address K. C.

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.