

Health,
& Welfare
Public
Service

300
1-57

All diseases in Part I must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JEAN B. WILLOUGHBY

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13166

STATE FILE NUMBER

FILED MAY 7 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1889

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>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		Length of stay in 1b <u>24 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>2547 TROOST AVENUE</u>

3. NAME OF DECEASED (Type or print) First <u>GLEN</u> Middle <u>C.</u> Last <u>HAYWARD</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>19</u> Year <u>1957</u>		
--	--	--	---	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 22 - 1901</u>	9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months Days Hours Min.	
--------------------	-------------------------------	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WELDER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FORD MOTOR CO</u>	11. BIRTHPLACE (City and state or country) <u>BEATTIE KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	---	---	---

13a. FATHER'S NAME <u>PHIL HAYWARD</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH FORD</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. DOROTHY HAYWARD</u>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-405-2369</u>	17. INFORMANT <u>MRS. LOIS ROWE</u> Address <u>3821 VINEYARD ROAD KANSAS CITY, MISSOURI</u>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 mos</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <u>Carcinoma of the lung primary</u>		<u>18 mos</u>
	DUE TO (c) _____		<u>16 2 x</u>
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 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 Month, Day, Year o.m. 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 COUNTY STATE
21. I attended the deceased from <u>April 56</u> to <u>19 April 57</u> and last saw him alive on <u>19 April 57</u> Death occurred at <u>10:50 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>Jean B. Willoughby</u> (Degree of title)	22b. ADDRESS <u>A C</u>	22c. DATE SIGNED <u>20 April 57</u>
--	----------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APR. 22 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
--	----------------------------------	--	---

24. FUNERAL DIRECTOR <u>DW NEWCOMER'S SONS</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>4-22-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>
--	--	---



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 V. Honey*

Licensed Embalmer No. *4734*

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.