

FILED AUG 1 - 1957

## STANDARD CERTIFICATE OF DEATH

24443

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3273

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <sup>x</sup> No <sup>□</sup> TOWN Kansas City		a. STATE Mo		b. COUNTY Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp D.A. 3001		Length of stay in 1b 198		c. CITY OR TOWN Kansas City		Inside Limits Yes <sup>x</sup> No <sup>□</sup>	
3. NAME OF DECEASED (Type or print) First Middle Last William J. Caley				4. DATE OF DEATH Month Day Year July 14 1957			
5. SEX M <sup>♂</sup>	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 23 - 1888	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months Days Hours		11. IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD			10b. KIND OF BUSINESS OR INDUSTRY CARPENTER		11. BIRTHPLACE (City and state or country) CAMERON, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James H. Caley				14. MOTHER'S MAIDEN NAME MARY JANE CURTIS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 514-67-8428		17. INFORMANT Address William J. Caley Jr. Kansas City, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 42 hrs
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 a. 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. C. E. ...			22b. ADDRESS 6027 ...		22c. DATE SIGNED 7-14-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE July 18, 1957		23c. NAME OF CEMETERY OR CREMATORY GRACE LAND		23d. LOCATION (City, town, or county) (State) CAMERON, Mo	
24. FUNERAL DIRECTOR Address Palmet Funeral Home Cameron, Mo.			25. DATE RECD. BY LOCAL REG. 7-14-57		26. REGISTRAR'S SIGNATURE Reva Minshall		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

AUG 1 1957

SEP 5 1957

OCT 22 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No. ....

working under my personal supervision...

Student .....  
Signature of Student Embalmer

Signed *Laurence J. Thompson*

Licensed Embalmer No. *472*

P. O. Address *Cameron*

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.