

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022136
STATE FILE NUMBER

3001

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3001

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Shawnee</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hospital</i>		Length of stay in <i>8</i>	d. STREET ADDRESS (If outside, give location) <i>815 S 6535 Melrose Lane</i>

3. NAME OF DECEASED (Type or print) First Middle Last <i>ROEN Virginia Willhite</i>			4. DATE OF DEATH Month Day Year <i>June 13, 1958</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 15, 1928</i>	9. AGE (In years last birthday) <i>30</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>	11. BIRTHPLACE (City and state or country) <i>St. Joseph, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Earl Borchers</i>	13b. MOTHER'S MAIDEN NAME <i>Grace Trumble</i>	14. NAME OF HUSBAND OR WIFE <i>Francis Willhite</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>491-28-5098</i>	17. INFORMANT <i>Francis Willhite, Shawnee, Kansas</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Embolus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Generalized Carcinomatosis</i>	<i>2 years</i>
	DUE TO (c) <i>Carcinoma Breast - Right.</i>	<i>2 1/2 years</i>
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 checked="" type="checkbox"/> NO <input type="checkbox"/> <i>190X</i>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <i>Oct 6, 1956</i> to <i>June 13, 58</i> and last saw her alive on <i>June 13, 1958</i> Death occurred at <i>730 H.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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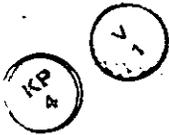
22a. SIGNATURE (Degree or title) <i>Terry E. Lilly, Jr. MD</i>	22b. ADDRESS <i>915 Argyle Bldg KC Mo</i>	22c. DATE SIGNED <i>6/14/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-14-58</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <i>St. Joseph, Mo.</i>
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24. FUNERAL DIRECTOR <i>Stamey Mortuary, St. Joseph, Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>6-14-58</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Minshall</i>
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Terry E. Lilly USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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



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 *John R. Sidmon*

Licensed Embalmer No. *4531*
P. O. Address *Kansas City*

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.