

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005528

STATE FILE NUMBER

482

FILED FEB 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 482

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WESTWOOD 8150 8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in 1b 1 WEEK	d. STREET ADDRESS (If outside, give location) 2903 WEST 50 TH TERR Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WINFIELD HENRY EMMONS			4. DATE OF DEATH Month Day Year JAN 22 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 26 1877	9. AGE (In years ^{IF UNDER 1 YEAR} _{Last birthday}) 81 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED AUTO CO.		10b. KIND OF BUSINESS OR INDUSTRY LUTHY EMMONS	11. BIRTHPLACE (City and state or country) NEAR IOWA CITY IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME GEORGE WESLEY EMMONS		13b. MOTHER'S MAIDEN NAME ELLEN BOWDEN		14. NAME OF HUSBAND OR WIFE MRS. MARY ELEANOR EMMONS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-10-8346		17. INFORMANT Mrs. LIDA LUTHY Address 2903 WEST 50 TH TERRACE WESTWOOD KANSAS	

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) Atherosclerosis of the heart DUE TO (c) Calcific Aortic Stenosis - Old blood impregnated			INTERVAL BETWEEN ONSET AND DEATH 12 days
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 II of Item 18.) None

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.) None	20f. CITY, TOWN, OR LOCATION None	COUNTY None	STATE None
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21. I attended the deceased from Death occurred at 9:40 P. on July 57, to 22 Jan 59 and last saw him alive on 22 Jan 59		
22a. SIGNATURE J. B. Willoughby M.D. (Degree or title)	22b. ADDRESS 5905 Main KC Mo	22c. DATE SIGNED 23 Jan 59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 26 1959	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 1-26-59	26. REGISTRAR'S SIGNATURE neva minshall
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MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. All diseases in Part I must be causally related. J. B. Willoughby



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 *W. Nelson*

Licensed Embalmer No. *4401*

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.