

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021439

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NO. 59-021439 Registrar's No. 2583

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5823 HOLMES		d. STREET ADDRESS (If outside, give location) 5823 HOLMES	
3. NAME OF DECEASED (Type or print) First Middle Last WYLLIE E. HERR		4. DATE OF DEATH Month Day Year MAY 22, 1959	
5. SEX FEMALE	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 JUNE 4, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SLATER, MO.
13a. FATHER'S NAME JAMES P. BRIDGES		13b. MOTHER'S MAIDEN NAME FRANCES BRADSHAW	14. NAME OF HUSBAND OR WIFE EDWARD A. HERR
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. NONE	17. INFORMANT Address MRS. BOYD B. BRIDGES 5632 ASH, RAYTOWN 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) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>3 hr.</u>
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 <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>MAY 1950</u> to <u>5/22/59</u> and last saw her alive on <u>3/30/59</u> Death occurred at <u>1:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James A. Jarvis M.D.</u>		22b. ADDRESS <u>Kansas City MO</u>	22c. DATE SIGNED <u>5/22/59</u>
23a. BURIAL, CREMATION, RECEPTION <u>CREMATION</u>	23b. DATE <u>MAY 25, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>D. W. NEWCOMER'S SONS</u>	23d. LOCATION (City, town, or county) <u>KANSAS CITY, MO.</u>
24. FUNERAL DIRECTOR <u>D. W. Newcomer's Sons MO</u>		25. DATE RECD. BY LOCAL REG. <u>5-25-59</u>	26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

causes in Part I must be causally related.

James A. Jarvis

MS APR 16 1962

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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 *Harold L. Schtern*
Licensed Embalmer No. *3035*
P. O. Address *St. C. P.*

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.