

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029385

FILED VS. AUG 21 1959

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STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in lb <u>3 1/2 mo</u> <del>90 days (a)</del> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1424 Holmes</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Louis</u> Middle <u>J.</u> Last <u>Willis</u>		<b>4. DATE OF DEATH</b> Month <u>8</u> Day <u>3</u> Year <u>59</u>					
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>2-2-1900</u>	<b>9. AGE (last birthday)</b> <u>59</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Press Operator</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>American Wining Co.</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Ft. Gaine, Ga.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>	
<b>13a. FATHER'S NAME</b> <u>Elijah Willis</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Viola Willis</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>499-07-6165</u>		<b>17. INFORMANT</b> Address <u>Viola Willis 1355L E, 10 St</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Occlusion of left Circumflex of</u> DUE TO (b) <u>Coronary Artery</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>7-14-59</u> <b>to</b> <u>8-3-59</u> <b>and last saw him</b> <u>XX</u> <b>alive on</b> <u>8-3-59</u> Death occurred at <u>12:15 A.M.</u> <b>m</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Arthur Gelpert</u>				<b>22b. ADDRESS</b> <u>2400 Cherry</u>		<b>22c. DATE SIGNED</b> <u>8/5/59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>8-7-59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Blue Ridgelawn Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>C. E. Davis 1415 Truman Rd</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-6-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Neve Marshall</u>		

DOCUMENT

BY AFFIDAVIT OF Arthur Gelpert **EMBALMER** MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed C. E. Davis

Licensed Embalmer No. 441

P. O. Address K. E. 9.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.