OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036177

FILED VS NOV 2 1959

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4975 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 50yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Beacon Hill Nursing Home ~~Research Hospital~~ — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2905 Campbell — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: WILLIS Middle: W. Last: GARR

4. DATE OF DEATH: Month: October Day: 14 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed XX Divorced ☐

8. DATE OF BIRTH: 2-28-1876

9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Tender

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (City and state or country): Dover, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: George W. Garr

13b. MOTHER'S MAIDEN NAME: Mary E. Slusher

14. NAME OF HUSBAND OR WIFE: Clara Garr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 486-05-3590A

17. INFORMANT: Martha Masur — Address: 5127 Marvin Rd. K.C.18, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosclerotic Heart Disease	years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Coronary Atherosclerosis	years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic bronchitis, pulmonary fibrosis & congestive heart failure

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 13 Oct 59 to 14 Oct 59 and last saw him alive on 13 Oct 59

Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jean B Willoughby M.D.

22b. ADDRESS: 5905 Main KC 13 Mo

22c. DATE SIGNED: 16 Oct 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-16-1959

23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar Funeral Home — ADDRESS: Woodland-Linwood

25. DATE RECD. BY LOCAL REG.: 10-16-59

26. REGISTRAR'S SIGNATURE: Irene Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Jean B. Willoughby

MEDICAL CERTIFICATION

DOCUMENT

Dr Jean Wills
5905 Main
De 3-8600

Lemon Research Hosp
Dr will sign Thurs Am

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address K C Mo

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