

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 30 1960

=60-023462

ENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3181 STATE FILE NUMBER

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| 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 | Length of stay in lb 18 yrs. | c. CITY OR TOWN KANSAS CITY | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSP. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3622 VIRGINIA |
| | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First ALMEDA Middle B Last WIDDISH | 4. DATE OF DEATH Month JUNE Day 13 Year 1960 |
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| 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 3 31 84 | 9. AGE (last birthday) 76 yrs. | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) GENTRY COUNTY MO. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME GEORGE LEWIS | 13b. MOTHER'S MAIDEN NAME TILLIE STINGLEY | 14. NAME OF HUSBAND OR WIFE GEORGE WILDISH |
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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) NO | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT Mrs. Charles Casel Address 1432 E 80th St K.C. Mo. |
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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: | | INTERVAL BETWEEN ONSET AND DEATH 3 Days |
| IMMEDIATE CAUSE (a) | Acute Cerebral Hemorrhage | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | Diabetes Mellitus Mod. Senior. | |
| DUE TO (b) | Hypertensive Cardiovascular Disease | 1 1/2 yrs |
| DUE TO (c) | | 2 yrs |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from 25 Nov. 1954 to 6-13-60 and last saw her alive on 6-13-60 Death occurred at K.C. Mo. 1:00 P.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) James W. Downey M.D. | 22b. ADDRESS 425 E 63rd K.C. Mo | 22c. DATE SIGNED 6/13/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE JUNE 14, 1960 | 23c. NAME OF CEMETERY OR CREMATORY OAK LAWN CEM | 23d. LOCATION (City, town, or county) (State) RAVENWOOD MO. |
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| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO. | 25. DATE RECD. BY LOCAL REG. 6-14-60 | 26. REGISTRAR'S SIGNATURE Irene Marshall |
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DOCUMENT

James W. Downey M.D. Medical Certification

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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