

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-005580

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 590

FILED VS FEB 20 1961

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, MO.		Length of stay in 1b 22 Days 40 hrs	c. CITY OR TOWN KANSAS CITY, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, KANSAS CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4412 Wayne, KC, MO.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RUSSELL Middle F. Y. Last WILHOIT			4. DATE OF DEATH Month FEB Day 2 Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-3-01	9. AGE (last birthday) 60 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY Bus Driver		11. BIRTHPLACE (City and state or country) BURDEN, KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN WILHOIT		13b. MOTHER'S MAIDEN NAME LEOLA BOLACK		14. NAME OF HUSBAND OR WIFE ANNA WILHOIT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. # 1		16. SOCIAL SECURITY NO.		17. INFORMANT VAH RECORDS Address	
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) Bronchopneumonia					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Myocardial infarction					
DUE TO (c) Generalized atherosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic lymphocytic leukemia				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	
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 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 <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
VA					
21. Attended the deceased from 1-11-61 to 2-2-61 and last saw her/him alive on _____ Death occurred at 7:30 PM 2-2-61 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. H. OWINGS, M.D.			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 2-3-61 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-4-61	23c. NAME OF CEMETERY OR CREMATORY St OLIVET CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY, MO.	
24. FUNERAL DIRECTOR STINE & MC CLURE		ADDRESS KC, MO.		25. DATE RECD. BY LOCAL REG. 2-3-61	26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Yoder
Licensed Embalmer No. 4173

P. O. Address KC, MO.

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.