

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5443-61-037278
STATE FILE NUMBER

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

AMENDED
FILED NOV 13 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		Length of stay in 1b 22 YRS.	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 601 E. 91st ST.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside give location) 601 E. 91st ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES ROBERT WILEY			4. DATE OF DEATH Month Day Year OCT. 29, 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-1-1939
9. AGE (last birthday) 22		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life) SCHOOL TEACHER		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SCHOOLS	11. BIRTHPLACE (City and state or country) KANSAS CITY, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME CLIFFORD O. WILEY	
13b. MOTHER'S MAIDEN NAME MARGARET MERRIGAN		14. NAME OF HUSBAND OR WIFE BETTY D. WILEY	
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. Mrs. BETTY D. WILEY, 601 E. 91st ST.	
17. INFORMANT Address Mrs. BETTY D. WILEY, 601 E. 91st ST.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized melanomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary melanoma skin of shoulder DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 yr + 18 mos +
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
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.)	
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 checked="" 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 31 Jan. 61 to 29 Oct 61 and last saw her/him alive on 28 Oct 61 Death occurred at 1:30 2 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Neil Berry (Degree or title)		22b. ADDRESS 4706 Broadway	22c. DATE SIGNED 30 Oct 61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Oct. 31, 1961	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY, KANSAS CITY, Mo.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.
24. FUNERAL DIRECTOR MUEHLEBACH, 6800 Troost, K.C.Mo.	25. DATE RECD. BY LOCAL REG. 10-31-61	26. REGISTRAR'S SIGNATURE Ruth Long	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Neil Berry

3725 PM Mon.

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 B. D. Nelson

Licensed Embalmer No. 4421

P. O. Address R.C. M

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.