

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2217 -62-015548
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2217

FILED MAY 7 1962

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **21 Yrs.**

c. CITY OR TOWN **Kansas City** Inside Limits **Yes** No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **1220 Washington St.** Inside Limits **Yes** No

d. STREET ADDRESS (If outside, give location) **604 West 10th St.** Reside on Farm **Yes** No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
LEE A. WILFORD **4 21 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7-9-03** 9. AGE (last birthday) **58**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) **Cab Driver** 10b. KIND OF BUSINESS OR INDUSTRY **Taxicab** 11. BIRTHPLACE (City and state or country) **Galt, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Elmer E. Wilford** 13b. MOTHER'S MAIDEN NAME **Barbara E. Simpson** 14. NAME OF HUSBAND OR WIFE **Lula Wilford**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **[REDACTED]** 17. INFORMANT Address **Mrs. Troy Smith: 4316 E. 10th**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary occlusion** INTERVAL BETWEEN ONSET AND DEATH **hrs**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) **coronary artery disease** **hrs**
DUE TO (c) **hypertension** **hrs**

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.
 Yes N: Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 **June 12, 1960** to **April 19, 1962** and last saw her/him alive on **April 19, 1962**
Death occurred at **11:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Charles Glass D.O.** 22b. ADDRESS **808 West 17 St** 22c. DATE SIGNED **4/21/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-23-62** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Zion** 23d. LOCATION (City, town, or county) (State) **Galt Mo.**

24. FUNERAL DIRECTOR ADDRESS **Weiler's: 6900 Troost, K.C., Mo.** 25. DATE RECD. BY LOCAL REG. **4-22-62** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Charles Glass

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1
2 3118
3
4 0
5 3
6
7 0
8 0
9 4201
10
11
12 70-2
13

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 Forrest D Goldsnow

Licensed Embalmer No. 4714

P. O. Address 1CC NW

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.