MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020321

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2684

FILED MAY 29 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in this place: ~~38 yrs.~~ 3 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jackson County Hospital — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1902 Overton — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: William Middle: O. Last: Sousley

4. DATE OF DEATH: Month May Day 6 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-26-1886
9. AGE (last birthday): 77 — 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): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William D. Sousley
13b. MOTHER'S MAIDEN NAME: Sarah Farris
14. NAME OF HUSBAND OR WIFE: Eula Sousley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gleason Sousley, Address: 8409 Truman Road, K.C.Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis Generalized — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ___ DUE TO (c) ___
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 ☐ 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 4-17-63 to 5-6-63 and last saw him alive on 5-5-63
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. P. McCalla (Degree or title) M.D.
22b. ADDRESS: Jackson Co Hospital Kansas City Mo.
22c. DATE SIGNED: 5/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-9-1963
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cemetery
23d. LOCATION (City, town, or county) (State): Independence, Missouri

24. FUNERAL DIRECTOR: Sheil Funeral Home ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 5-8-63
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION: J. P. McCalla

BY AFFIDAVIT OF

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	7005		
3			
4	0		
5	1		
6			
7	0		
8	3		
9	4500		
10			
11			
12	77-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

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 Thomas A. Shiel

Licensed Embalmer No. 4854

P. O. Address K.P. 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.