

FILED MAR 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4967

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>619</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>4 YEARS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | | <u>2928</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELM ST. HOSPITAL</u> <u>1310 EAST ARMOUR BLVD</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1236 WEST 72ND STREET</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>STEPHEN</u> | | b. (Middle) <u>A.</u> | | c. (Last) <u>WILLIAMS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB - 9 - 1951</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>SEPT. 18 - 1868</u> | |
| 9. AGE (In years last birthday) <u>82</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u> | | | 11. BIRTHPLACE (State or foreign country) <u>MT. STERLING, ILLINOIS</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>AMOS WILLIAMS</u> | | 13b. MOTHER'S MAIDEN NAME <u>SARAH MILLER</u> | | 14. NAME OF HUSBAND OR WIFE <u>CLARA WILLIAMS</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. RALPH S. CASFORD</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Cerebral Hemorrhage</u> | | DUE TO (c) <u>Hypertensive crisis</u> | | <u>4 years</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Beck's Disease</u> | | | | <u>10 years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Florence E. Mc Innis</u> (Degree or title) | | | | 23b. ADDRESS <u>Professional Bldg</u> | | 23c. DATE SIGNED <u>2/9/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>FEB 10 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>-</u> | | 24d. LOCATION (City, town, or county) (State) <u>GIRARD KANSAS</u> | |
| DATE REC'D BY LOCAL REG. <u>2-9-51</u> | | REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.A. Newcome's Sons</u> | | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed

Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address KP. 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 this body is not embalmed, fact should be so stated above.