

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27275**
Registrar's No. **3569**

FILED SEP 1 1951

BIRTH NO. _____		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3569
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, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAIRMOUNT STATION 0480		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. STREET ADDRESS (If rural, give location) 502 S. ASH		
3. NAME OF DECEASED a. (First) MAURICE		b. (Middle) S.		c. (Last) WILLIAMS
4. DATE OF DEATH (Month) (Day) (Year) AUG 17, 1951		5. SEX MALE 6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug 14, 1871		
9. AGE (In years last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY R.C. Southern		11. BIRTHPLACE (State or foreign country) Virginia
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROADER (P&E)		12. COUNTRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME Arzon Williams
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Myrtle Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Myrtle Williams, 502 S. Ash, Fairmount, K.C.
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma ANTECEDENT CAUSES Diabetes Mellitus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH (In days) 3 days 15 years 260X 20 yrs
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) no		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 8-17-51 to 8-17-51 , 19 51 , that I last saw the deceased alive on 8-17-51 and that death occurred at 7:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE W.P. Miller		23b. ADDRESS (Degree or title) W. P. Miller MD 100 Argyle Bldg 8-200		23c. DATE SIGNED 8-20-51
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE AUG-20-1951		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C.N. BLACKMAN & SON, INC. K.C. MO.		
DATE REC'D BY LOCAL REG 8-20-51		REGISTRAR'S SIGNATURE Seraldine Holmes		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1951

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.....

James E. Hackler

Licensed Embalmer No. *4573*

P. O. Address *W. C. 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.