

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16869**  
Registrar's No. **1914**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Orrick, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>3 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1890</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>C.</b> c. (Last) <b>Williams</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April-23-52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 17, 1870</b>
9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Banker</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>George Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane King</b>	14. NAME OF HUSBAND OR WIFE <b>Lillian Alice Pigg</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Paul G. Williams</b>
		ADDRESS <b>Orrick, Mo</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 DA</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute congestive heart failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sclerosis Bronchial artery - 4/15</b>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

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) (Min)	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 **July 3, 1939**, to **Apr 23, 1952**, that I last saw the deceased alive on **Apr 23, 1952**, and that death occurred at **8:00 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert C. Davis</b> (Degree or title) <b>Robert C. Davis M.D.</b>	23b. ADDRESS <b>870 prof Bldg</b>	23c. DATE SIGNED <b>4/25/52</b>
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>	24b. DATE <b>April 25, 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>South Point</b>
24d. LOCATION (City, town, or county) (State) <b>Orrick, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>B. W. Good</b>	ADDRESS <b>Orrick, Mo.</b>
DATE REC'D BY LOCAL REG. <b>4-26-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	

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

Oct 30 1958

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 \_\_\_\_\_

working under my personal supervision.

*Self*

Student Embalmer No. ....

Signed

*Victor E. Lanning*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2896*

P. O. Address *Liberty 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.