

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25254

State File No.

3107

| | | | | | | | | | |
|--|--|---|--|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 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) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>2 yr.</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital # 1</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1900 Linwood</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u> | | | b. (Middle) <u>S.</u> | | c. (Last) <u>Williams</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 53</u> | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED OR IN-DIVORCED (Specify) <u>divorced</u> | | 8. DATE OF BIRTH <u>9-22-07</u> | | 9. AGE (In years last birthday) <u>45</u> If UNDER 1 YEAR: Months / Days If UNDER 2 HRS. Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Beech Aircraft Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Cleveland Williams</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Martha Boyce</u> | | | 14. NAME OF HUSBAND OR WIFE <u>unknown</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>512-03-3295</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Williams, 3239 Flora, K. C. Mo.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe pulmonary emphysema and fibrosis due to asthma, chronic. Chronic perforated gastric ulcer with abscess lesser sac.</u> ANTECEDENT CAUSES <u>due to asthma, chronic. Chronic perforated gastric ulcer with abscess lesser sac.</u> DUE TO (b) _____ DUE TO (c) _____ MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>24H</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>June 16</u> , 19 <u>53</u> , to <u>June 17</u> , 19 <u>53</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>June 17</u> , 19 <u>53</u> , and that death occurred at <u>8:00 pm.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>B. I. Burns MD</u> | | | | 23b. ADDRESS <u>24th & Cherry Sts.</u> | | 23c. DATE SIGNED <u>6/18/53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>6-18-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Humboldt, Kansas</u> | | 24d. LOCATION (City, town, or county) (State) <u>Humboldt, Kansas</u> | | | |
| DATE REC'D BY LOCAL REG. <u>6-18-53</u> | | REGISTRAR'S SIGNATURE <u>Suzaldine Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u> | | ADDRESS <u>K.C.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.....
Signature of Student Embalmer

Signed..... *Gerald A Burger*

Licensed Embalmer No. *476*

P. O. Address..... *K.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.