

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43251**
6045

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">401 East 36th Street <i>Conv. Home</i></p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>	
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Hezekiah</p>		b. (Middle) <p align="center">Williams</p>	
c. (Last) <p align="center">Williams</p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Dec. 24 1953</p>	
5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed</p>	8. DATE OF BIRTH <p align="center">Jan. 21 1865</p>
9. AGE (In years last birthday) <p align="center">88</p>		10. KIND OF BUSINESS OR INDUSTRY <p align="center">Retired</p>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <p align="center">Retired</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Grundy County, Mo.</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>		13a. FATHER'S NAME <p align="center">Clint Williams</p>	
13b. MOTHER'S MAIDEN NAME <p align="center">-----</p>		14. NAME OF HUSBAND OR WIFE <p align="center">Martha Williams</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">None</p>	
17. INFORMANT'S SIGNATURE OR NAME <p align="center">Virgil Williams</p>		ADDRESS <p align="center">4514A East 24th Street</p>	
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>Cardio renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) <u>(old age)</u> DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <p align="center">442h</p>	
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 <u>Dec 23, 1953</u> to <u>Dec 24, 1953</u> that I last saw the deceased alive on <u>Dec 23, 1953</u> and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <p align="center">J. J. Farnsworth M.D.</p>		23b. ADDRESS <p align="center">1103 Grand K.C. MO</p>	
23c. DATE SIGNED <p align="center">12/24/53</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Removal</p>		24b. DATE <p align="center">12/24/1953</p>	
24c. NAME OF CEMETERY OR CREMATORY <p align="center">Chillicothe Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Chillicothe, Missouri</p>	
DATE RECD BY LOCAL REG. <p align="center">12-25-53</p>		REGISTRAR'S SIGNATURE <p align="center">Geraldine Smith</p>	
25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Dw Newman Sons</p>		ADDRESS <p align="center">Kansas City Mo</p>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
30005 4

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 Clare V. Carr Jr.

Licensed Embalmer No. 4934

P. O. Address R. C. 10, 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.