300-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1591

BIRTH NO. 9142 FILED FEB 11 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 378

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Northeast Osteopathic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 7005
d. STREET ADDRESS (If rural, give location): 608 West College

3. NAME OF DECEASED (Type or Print): a. (First) Michael b. (Middle) Dean c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year): 1-22-54

5. SEX: Male

6. COLOR OR RACE: Amer.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: 1-22-54

9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 3 Min. 54

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A. America

13a. FATHER'S NAME: Elmer Dean Williams

13b. MOTHER'S MAIDEN NAME: Elizabeth Anne Gamerlick

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Elmer Dean Williams ADDRESS: 608 W. College

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-22, 1954, *to* 1-22, 1954, *that I last saw the deceased alive on* 1-22, 1954, *and that death occurred at* 9:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Fred J. Zammar (Degree or title) DO

23b. ADDRESS Indep Mo

23c. DATE SIGNED 1/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JAN 25-54

24c. NAME OF CEMETERY OR CREMATORY: MT OLIVET

24d. LOCATION (City, town, or county) (State): K.C. Mo

DATE REC'D BY LOCAL REG.: 1-23-54

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: Thos P. Sheil ADDRESS: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Shiel

Licensed Embalmer No. 3625

P. O. Address K.C.-Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.