

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23195**
Registrar's No. **3114**

FILED AUG 10 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

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 OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 60 yrs.		f. STREET ADDRESS (If rural, give location) 3419 Wabash	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hyde Park Nursing Home		g. STREET ADDRESS 3548	

3. NAME OF DECEASED (Type or Print) a. (First) ALVA		b. (Middle)		c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) 7 6 54							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Oct. 10, 1875		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Interior Dec.				10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) Montgomery Co., Missouri				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Arthur Clay Williams			13b. MOTHER'S MAIDEN NAME Mary E. Moore			14. NAME OF HUSBAND OR WIFE Laila L. Williams		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 196-05-0662 A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laila L. Williams-3419 Wabash-Kansas City,			
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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) Cerebral hemorrhage, 6 days		INTERVAL BETWEEN ONSET AND DEATH 6 days
	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.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 <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 Jan 29, 1954, to 7/6, 1954, that I last saw the deceased alive on 7/4, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Farnsworth (Degree or title) MD		23b. ADDRESS 1703 Grand NC MO		23c. DATE SIGNED 7/6/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/8/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 7-6-54		REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo	
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*Dr. Farnsworth
Prof. Recd.*

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 Ivan Miller..... Student Embalmer No. Kansas.....
working under my personal supervision..

Student Ivan E. Miller.....
Signature of Student Embalmer

Signed James Hackler.....
Licensed Embalmer No. 45.....

P. O. Address [Signature].....

**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.**