

FILED AUG 18 1954

STANDARD CERTIFICATE OF DEATH

State File No. 3535

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 3535 | |
| 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 OR TOWN KANSAS City | | c. LENGTH OF STAY (in this place) 54 yrs. | | 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"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION TROOST AVE NURSING HOME | | | | e. STREET ADDRESS (If rural, give location) 3509 St. John 3040 | | | |
| 3. NAME OF DECEASED (Type or Print) CHARLEY | | a. (First) M | | b. (Middle) Williams | | c. (Last) Williams | |
| 4. DATE OF DEATH | | July | | 19 | | 1954 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2 | | 8. DATE OF BIRTH Aug. 12 - 1869 | |
| 9. AGE (in years last birthday) 84 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE | | 10b. KIND OF BUSINESS OR INDUSTRY K.E. WATER Dept. | | 11. BIRTHPLACE (City and State or Foreign Country) ROSSVILLE INDIANA | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME THOMAS WILLIAMS | | 13b. MOTHER'S MAIDEN NAME ELIZA JANE | | 14. NAME OF HUSBAND OR WIFE CATHERINE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME JEWELL WILLIAMS | | ADDRESS M. C. MO. | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat - Prostration | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| | | ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Contusions Left hip & Shoulder 14 days | | | | | |
| | | DUE TO (c) Arteriosclerosis 39 years | | | | | |
| | | 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 type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Kansas City Jackson, Mo. | | 21d. (STATE) Mo. | |
| 21d. TIME OF INJURY July 6 1957 P. M. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? was hit by car (pedestrian) | | | |
| 22. I hereby certify that I attended the deceased from July 9, 1957, to July 19, 1957, that I last saw the deceased alive on July 17, 1957, and that death occurred at 4 P. M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE C. W. Rose MD (Degree or title) C. W. Rose M.D. | | | | 23b. ADDRESS 103 N. Johnson Kansas City, Mo. | | 23c. DATE SIGNED July 20 1957 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 21 - 1954 | | 24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery K.C. | | 24d. LOCATION (City, town, or county) (State) Mo. | |
| DATE REC'D BY LOCAL REG. OFF. 7-20-54 | | REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman & Son Inc. K. C. Mo. | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

Be 4191

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 *W.C. Rinne*.....

Licensed Embalmer No. *487*

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.