

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32559**
4502
Registrar's No. **4502**

FILED NOV 10 1955

BIRTH NO. _____		REG. DIST. NO. 393		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4502			
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray.					
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo. North		c. LENGTH OF STAY (in this place) 2 Days		c. CITY (If outside corporate limits, write RURAL and give township) Orrick, Mo.		d. STREET ADDRESS (If rural, give location) 0 890 1 13 East 55th			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence N. Kansas City 16				3. NAME OF DECEASED a. (First) Fred b. (Middle) J. c. (Last) Williams					
4. DATE OF DEATH Oct. 15, 1955		5. SEX <input type="radio"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH May 12, 1886		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same			
11. BIRTHPLACE (City and State or Foreign Country) Camden, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Williams		13b. MOTHER'S MAIDEN NAME Mary King			
14. NAME OF HUSBAND OR WIFE Zilpha (Sharp) Williams		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. _____		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS Mrs. Zilpha Williams Orrick, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Superior mediastinal tumor ANTECEDENT CAUSES Primary Carcinoma of lung. As forbid 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. metastatic carcinoma basis and pathological factors left from				INTERVAL BETWEEN ONSET AND DEATH 19 months 12 months 10 2 X	
19a. DATE OF OPERATION Nov 21, 1954		19b. MAJOR FINDINGS OF OPERATION Irreparable carcinoma of lung.		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 February, 1955 , to Oct. 15, 1955 , that I last saw the deceased alive on Oct. 15, 1955 , and that death occurred at 12:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE G. Comer Bats		(Degree or title) M.D.		23b. ADDRESS North Kansas 329 Armour Rd, City 16 Mo		23c. DATE SIGNED 10/18/55			
24a. BURIAL CREMATION/REMOVAL (Specify) BURIAL		24b. DATE Oct. 17, 1955		24c. NAME OF CEMETERY OR CREMATORY Union Church Cemetery		24d. LOCATION (City, town, or county) (State) 5 Miles N.W of Orrick, Mo.			
DATE REC'D BY LOCAL REG. 10-20-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good		ADDRESS Orrick, Mo.			

11-32-49

APR 5 1950

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 *Charles F. Tyb*

Licensed Embalmer No. *4534*

P. O. Address *Liberty W*

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.