

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40973

State File No.

FILED JAN 11 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5522

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 town(ship)) 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) 40 Yrs		e. STREET ADDRESS (If rural, give location) 2207 1/2 E. 9th St. 31750	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) a. (First) Ephriam b. (Middle) A c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) 12 18 1955		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 16,	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Boiler Helper		10b. KIND OF BUSINESS OR INDUSTRY R.R.	11. BIRTHPLACE (City and State or Foreign Country) Pine Bluff, Ark.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John C Williams	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Dora Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 170	16. SOCIAL SECURITY NO. 702-11-9779	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Williams 2509 Cleveland

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia with cardiac decompensation. ANTECEDENT CAUSES Due to (b) Fracture (intertrochanteric) left hip. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 E902-21
--	--	--	--	--

19a. DATE OF OPERATION 12-12-55	19b. MAJOR FINDINGS OF OPERATION Open reduction fracture hip	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 28 1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Patient fell from bed.

22. I hereby certify that I attended the deceased from 11-28-55, 19 , to 12-18-55, 19 , that I last saw the deceased alive on 12-18-55, 19 , and that death occurred at 5:05 p m., from the causes and on the date stated above.

23a. SIGNATURE Frank Ellis MD	(Degree or title)	23b. ADDRESS 600 E 22nd Street	23c. DATE SIGNED 12-19-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-21-55	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 12-19-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manlove & Williams 1729 Lydia
---	---	--

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

No. 300
10-48

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.....



Licensed Embalmer No. 399

P. O. Address 3712 E. 3

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.