

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1956

State File No. **1578**
Registrar's No. **23**

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue</u>		c. LENGTH OF STAY (In this place) <u>68 yrs</u>		c. CITY OR TOWN <u>Independence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				e. STREET ADDRESS (If rural, give location) <u>1901 N. River Rd. 7000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>			b. (Middle) <u>L.</u>			c. (Last) <u>Williams</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1956</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Apr. 8, 1887</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Press foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Lanny Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret S. Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490 09 1417</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Kenneth Smith, Independence, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Sclerosis and occlusion</u>				<u>6 weeks</u>	
		DUE TO (c) <u>General Vascular Disease</u>				<u>5 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal Ventricular Fibrillation</u>				<u>10 min.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ <u>4201</u>				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) _____ 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 <u>1-3-</u> , 19 <u>51</u> , to <u>1-14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>56</u> , and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Graham Asher M.D.</u>				23b. ADDRESS <u>1220 Professional Bldg. Kansas City 6, Mo.</u>		23c. DATE SIGNED <u>1-14-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 16, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-15-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>Independence, Mo.</u>	

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

JAN 27 1956

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.....
Harold E. Kooler

Licensed Embalmer No...469

P. O. Address...*Indigo*

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.