

8493

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1956

State File No.

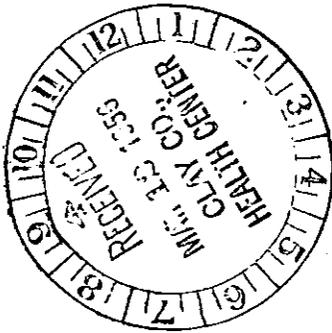
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BIRTH NO. _____ REG. DIST. NO. 22 PRIMARY REG. DIST. NO. 4134 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SMITHVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP.		d. STREET ADDRESS (If rural, give location) BEST HOTEL, 1919 MAIN ST.	
3. NAME OF DECEASED (Type or Print) a. (First) ROSCOE b. (Middle) CHARLES c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) MAR. 2, 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAY 13, 1910
9. AGE (In years last birthday) 45		10. MONTHS 9	11. DAYS 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). DAY LABORER		10b. KIND OF BUSINESS OR INDUSTRY CHEF	11. BIRTHPLACE (State or foreign country) LEXINGTON, MO.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME SAMUEL L. WILLIAMS	
13b. MOTHER'S MAIDEN NAME SUSIE M. OWENS		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 500-10-6549	
17. INFORMANT'S SIGNATURE OR NAME C. A. WILLIAMS		ADDRESS 6115 OAK GROVE ROAD, K.C., KAN.	
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) Traumatic Pulmonary Haemorrhage - Intestinal INTERVAL BETWEEN ONSET AND DEATH 15 hr 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		9/21	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. CITY, TOWN, OR TOWNSHIP 3 (COUNTY) (STATE) North Kansas Co., Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 1956 9:00	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall from tractor under disk plow.	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:50 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. L. Tate, M.D., Brown		23b. ADDRESS North Kansas Co., Mo.	
23c. DATE SIGNED 3/2/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-4-1956	24c. NAME OF CEMETERY OR CREMATORY MACHELAH CEMETERY	24d. LOCATION (City, town, or county) (State) LEXINGTON, MO.
DATE REC'D BY LOCAL REG. 3-3-56	REGISTRAR'S SIGNATURE Marquiee Hudgens	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MCCOMAS FUNERAL HOME, SMITHVILLE, MO.	

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

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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

Donald W. Hanks

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Missouri*

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.