

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16663
2079

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
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) KANSAS CITY		c. LENGTH OF STAY (In this place) 40 YRS.		c. CITY OR TOWN KANSAS CITY		d. 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 1327 EAST 81 ST TERR.				e. STREET ADDRESS (If rural, give location) 1327 E. 81 ST Terr.				3450	
3. NAME OF DECEASED (Type or Print) a. (First) LOU			b. (Middle) H.		c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) 5-12-1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-21-1872		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (City and State or Foreign Country) CHUCKY, TENN		12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME JOHN HICE			13b. MOTHER'S MAIDEN NAME ELIZABETH - NO RECORD		14. NAME OF HUSBAND OR WIFE J. K. WILLIAMS				
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 MRS. RAYMOND G. TRAVERS		ADDRESS K.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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 6 MO	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis					
				DUE TO (c) Arteriosclerosis					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				442X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) _____		21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 3-9-1952 to 5-12-1956 that I last saw the deceased alive on 5-9-1956 and that death occurred at 5:45 a.m., from the causes and on the date stated above.									
23a. SIGNATURE R. Lyddon, Jr.				(Degree or Title) M.D.		23b. ADDRESS 1017 E. 75 TH ST. MO		23c. DATE SIGNED 5-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-14-1956	24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEM.		24d. LOCATION (City, town, or county) KANSAS CITY, MO.		(State)		
DATE REC'D BY LOCAL REG. 5-12-56		REGISTRAR'S SIGNATURE neva minshall			25. FUNERAL DIRECTOR'S SIGNATURE MUEHLEBACH FUNERAL HOME		ADDRESS K.C. MO		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD
H. R. Lyddon, Jr.

Hi 4-8428 - 75th TROOST

DR HR. LYDDON

RES. - Hi - 4-0274

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..... *[Handwritten Signature]*

Licensed Embalmer No..... 39

P. O. Address..... 308 E 68th
H. E. M.

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.