

FILED JUN 13 1956

STANDARD CERTIFICATE OF DEATH

16664

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2155

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	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) <b>32 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>41 2609 Forest</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2609 Forest</b>			
3. NAME OF DECEASED (Type or Print) <b>Nona</b>		a. (First) <b>Williams</b>	b. (Middle)
c. (Last) <b>Williams</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 14, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 2, 1898</b>
9. AGE (In years last birthday) <b>58 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sumerville, Tennessee</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	12. COUNTRY OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Pleas Robinson</b>		13b. MOTHER'S MAIDEN NAME <b>Willa M. Burtin</b>	14. NAME OF HUSBAND OR WIFE <b>George Williams</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-30-5685</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mayme Cox</b> ADDRESS <b>2835 Park</b>

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) <b>Arteriosclerotic hypertensive cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10-21-55 to 5-14-56</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>spinal cord injury due to whiplash injury to cervical spine</b>		E 8/10 <sup>4</sup> 210
		DUE TO (c) <b>Automobile accident</b>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson MO.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>10 21 55 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2 car collision. Auto accident at Linwood and Benton</b>

22. I hereby certify that I attended the deceased from 10-21, 1955, to 5-14, 1956, that I last saw the deceased alive on 5-11, 1956, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Samuel S. Schwartz</b> <i>Samuel S. Schwartz D.O.</i>	(Degree or title)	23b. ADDRESS <b>1419 Grand Ave. K.C. Mo.</b>	23c. DATE SIGNED <b>5-17-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/17/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-17-56</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Dean</b>	ADDRESS <b>18th &amp; Benton</b>
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WRITE PLAINLY - USING UNFAADING BLACK INK - MAKE A PERMANENT RECORD

Call over  
2-4-89  
The

**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 *Bruce R. Watkins*.....

Licensed Embalmer No. *42*

P. O. Address *78th St*

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.