

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20798**BIRTH NO. _____ REG. DIST. NO. **199** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2652**

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City, Mo		c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN Brookfield		d. Is 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 St Lukes Hospital			STREET ADDRESS (If rural, give location) Williams 207 E. North 0581		
3. NAME OF DECEASED (Type or Print) a. (First) Harley		b. (Middle) J. Williams	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) 6 16 56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6-1-89	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Kendrick Williams		13b. MOTHER'S MAIDEN NAME Mary Maddox		14. NAME OF HUSBAND OR WIFE Josephine Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 487-07-1263	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Williams Brookfield, 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) Congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic Heart Disease					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4200		
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) (COUNTY) (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 6-8 , 19 56 , to 6-16 , 19 56 , that I last saw the deceased alive on 6-16 , 19 56 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Lee D. Hanes (Degree or title) M.D.			23b. ADDRESS 463 S Wyandotte		23c. DATE SIGNED 6-16-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-16-56	24c. NAME OF CEMETERY OR CREMATORY St. Michiels		24d. LOCATION (City, town, or county) (State) Brookfield, Mo.	
DATE REC'D BY LOCAL REG. 6-16-56		REGISTRAR'S SIGNATURE Neva Minsall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & McClure K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

Almo D. Triplett

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 *Almo D. Triplett*

Licensed Embalmer No. *481*

P. O. Address *K.C. Mo*

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.