

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 26321
Registrar's No. 3264

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>			
b. CITY OR TOWN <u>KANSAS CITY, N.</u>		c. LENGTH OF STAY (in this place) <u>15 YRS</u>		c. CITY OR TOWN <u>KANSAS CITY, N.</u>		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 <u>4417 N. JACKSON</u>				e. STREET ADDRESS (If rural, give location) <u>101 4417 N. JACKSON 5010</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>CLARENCE</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 26, 1956</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 1, 1893</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRAFFIC OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. PAC. R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLIMAX, LA.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA WILLIAMS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. #1</u>		16. SOCIAL SECURITY NO. <u>495-05-2457</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CLARA WILLIAMS</u> ADDRESS <u>4417 N. JACKSON, K.C. NORTH, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) <u>obesity</u>					INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u> <u>10-12 years</u> <u>42-01</u>
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) (Min.)		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>June, 1953</u> , to <u>July 26, 1956</u> that I last saw the deceased alive on <u>July 26, 1956</u> , and that death occurred at <u>12:50 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (In full name) <u>James E. McCormick, M.D.</u>				23b. ADDRESS <u>4030 N. Oak KC 16 Mo</u>		23c. DATE SIGNED <u>7/27/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>7-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomers Sons</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>		
DATE REC'D BY LOCAL REG. <u>7-27-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomers, North K.C. Mo.</u>			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD
James E. McCormick, M.D.

AUG-29 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 *John H. Kalsbeek*
Licensed Embalmer No. 4944
P. O. Address *No. 2 Kansas*

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.