

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27224**
3265

FILED AUG 27 1956

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 Kansas b. COUNTY Johnson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 3 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy		e. STREET ADDRESS (If rural, give location) 4734 Hagerman 8150	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Lee c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) July 26 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED (NEVER MARRIED) 0 WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9-2-54
9. AGE (in years last birthday) 1 6 27		10. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Oscola Mo		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry Williams		13b. MOTHER'S MAIDEN NAME Marathy Johnson	
14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Mr. Harry Williams		ADDRESS 4734 Hagerman, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ventricular fibrillation congenital heart disease, cyanotic type DUE TO (b) pulmonary atresia and tricuspid stenosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 minute		2 yrs	
19a. DATE OF OPERATION 7-26-56		19b. MAJOR FINDINGS OF OPERATION pulmonary atresia, cardiac hypertrophy	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 7-23 , 1956 to 7-26 , 1956, that I last saw the deceased alive on 7-26 , 1956 and that death occurred at 6:57 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Wayne Hart (Degree or title)		23b. ADDRESS 1710 Judas Ave. K.C. MO	
23c. DATE SIGNED 7-27-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 7/27/56	
24c. NAME OF CEMETERY OR CREMATORY Maple Hill		24d. LOCATION (City, town, or county) (State) KANSAS City, KANS	
DATE REC'D BY LOCAL REG. 7-27-56		REGISTRAR'S SIGNATURE Neva Minshall	
25. FUNERAL DIRECTOR'S SIGNATURE Linnora Funeral Home		ADDRESS K.C.K.	

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

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 *Donan K. Gamble*

Licensed Embalmer No. *4828*

P. O. Address *W.C. 15*

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.