

health, Welfare public service
 3001-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37324
 STATE FILE NUMBER

FILED DEC 6 - 1956

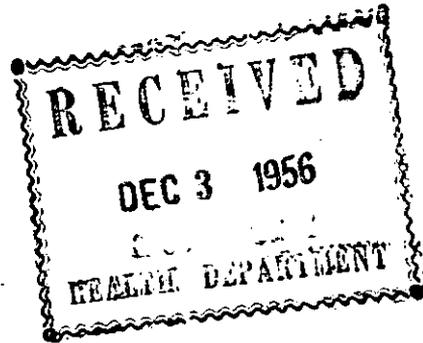
Registration District No. 39 Primary Registration District No. 4101 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Cass</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Belton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>809 Hackberry</u> Length of stay in lb <u>9 yrs</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cass</u> c. CITY OR TOWN <u>Belton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>809 Hackberry</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>W.</u> Last <u>Williams</u>				4. DATE OF DEATH Month <u>11</u> Day <u>23</u> Year <u>56</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 30, 1894</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Mason</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Residential Const</u>				11. BIRTHPLACE (City and state or country) <u>Kingfisher Okla.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>George Williams</u>						14. MOTHER'S MARDEN NAME <u>Lucinda Buffington</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>444-18-0050</u>				17. INFORMANT <u>Etta Williams</u> Address <u>Belton, Mo.</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]												INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION, ACUTE</u> DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										<u>4 DAYS</u> <u>6 YRS.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____											
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____											
20f. CITY, TOWN, OR LOCATION <u>BELTON</u> COUNTY <u>CASS</u> STATE <u>MISSOURI</u>				21. I attended the deceased from <u>9-25-1952</u> to <u>11-23-1956</u> and last saw <u>him</u> alive on <u>11-21-56</u> Death occurred at <u>8:45</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Herbert A. Dray, M.D.</u>						22b. ADDRESS <u>BELTON, Mo.</u>				22c. DATE SIGNED <u>11-26-56</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>11-26-56</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Belton, Missouri</u>						
24. FUNERAL DIRECTOR <u>Est. George & Sons Inc., Belton Mo</u> ADDRESS _____					25. DATE RECEIVED BY LOCAL REG. <u>11/30/1956</u>			26. REGISTRAR'S SIGNATURE <u>Prudence Anderson</u> deputy							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Sterling E Goddard*
Licensed Embalmer No. *49*

P. O. Address *Grandview*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.