

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41804

State File No.

FILED JAN 14 1957

BIRTH NO. 88517-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5661

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City, Rural	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
c. LENGTH OF STAY (in this place) 2 days		e. STREET ADDRESS (If rural, give location) 7700 E. 50th St. Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT	b. (Middle) STEVEN	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) 12 - 1 - 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 11 - 29 - 56
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Gordon W. Williams	13b. MOTHER'S MAIDEN NAME Sandra Lou Danielsen	14. NAME OF HUSBAND OR WIFE	
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. Infant	17. INFORMANT'S SIGNATURE OR NAME Gordon W. Williams ADDRESS 7700 E. 50th St. Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		7527	
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) m.	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 11 - 29, 19 56 , to 12 - 1, 19 56 , that I last saw the deceased alive on 12 - 1, 19 56 , and that death occurred at 3:14 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Luther W. Swift M.D. (Degree or title)		23b. ADDRESS 2105 Independence Ave.	23c. DATE SIGNED 12-2-56
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Destroyed at the Conley Hospital Laboratory	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
DATE REC'D BY LOCAL REG. 12-28-56	REGISTRAR'S SIGNATURE neva minishall	25. FUNERAL DIRECTOR'S SIGNATURE Conley Hosp. K-C-Mo. ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Luther W. Swift

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.....

Licensed Embalmer No.....

P. O. Address.....

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.