Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Michael Bernreiter

FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8962

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1346

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City Missouri — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7038 Chestnut — Length of stay in this place: 31 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Missouri — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 7038 Chestnut — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Myron; Middle Rives; Last Williams

4. DATE OF DEATH: Month March; Day 21; Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: June 26-1901

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer, for self

10b. KIND OF BUSINESS OR INDUSTRY: Printer

11. BIRTHPLACE (City and state or country): Stuttgart Arkansas

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Cassius Clay Williams

14. MOTHER'S MAIDEN NAME: Sybil Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 492-38-6020

17. INFORMANT: Mrs. Thea Williams, Wife — Address: 7038 Chestnut K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Sudden death approximately 3 yrs
4201
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 ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 4-28-55 to 3-18-57 and last saw him alive on 3-18-57
Death occurred at 11.00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Michael Bernreiter M.D.

22b. ADDRESS: 436 Professional Bldg.

22c. DATE SIGNED: 3/22/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: March 25-1957

23c. NAME OF CEMETERY OR CREMATORY: Green Lawn

23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR — ADDRESS: Mrs. C. L. Forster Funeral Home, Inc. K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 3-22-57

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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 John V. Henick, Jr.

Licensed Embalmer No. 48

P. O. Address Kc, Sn

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.

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