

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8967**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1119**

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give town or township) **Town Kansas City**
c. LENGTH OF STAY (in this place) **4 years**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **1320 East 41 st Street**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY OR TOWN **Kansas City**
d. (Is residence within limits of city or incorporated town?) Yes No
STREET ADDRESS (If rural, give location) **1320 East 41 st Street**

3. NAME OF DECEASED (Type or Print)
a. (First) **Nannie** b. (Middle) **Ruth** c. (Last) **Williams**
4. DATE OF DEATH (Month) (Day) (Year) **March 6, 1957**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED (Specify) **Never married**
8. DATE OF BIRTH **April, 11 1859** 9. AGE (In years last birthday) **97**
IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Cook**
10b. KIND OF BUSINESS OR INDUSTRY **Boarding house**
11. BIRTHPLACE (City and State or Foreign Country) **Napoleon, Missouri**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Noah Williams** 13b. MOTHER'S MAIDEN NAME **Unknown** 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. **None**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs Jessie M Nichols, Kansas City, MO**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pneumonia hypostatica**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) **Cardiac insufficiency**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **Senility**
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
20. INTERVAL BETWEEN ONSET AND DEATH **one week**
two years
4222

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Feb 28, 1957**, to **March 6, 1957**, that I last saw the deceased alive on **Mar 5, 1957**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **R. H. Boyd Jr.** (Degree or title) **DD** 23b. ADDRESS **9529 Truman Rd Excelsior Springs, Mo.** 23c. DATE SIGNED **3/9/57**

24a. BURIAL CREMATION (Specify) **Burial** 24b. DATE **March 8, 1957** 24c. NAME OF CEMETERY OR CREMATORY **Crown Hill** 24d. LOCATION (City, town, or county) (State) **Excelsior Springs, Mo**

DATE REC'D BY LOCAL REG. **3-9-57** REGISTRAR'S SIGNATURE **Reva Minshall** 25. FUNERAL HOME, ADDRESS **Excelsior Springs, Missouri**

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

22 2 1094

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 *Ralph Van Landingham*

Licensed Embalmer No. *4001*
Falton Springs, Mo.
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.