

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1957

17430
STATE FILE NUMBER
2194

Registration District No. 149 Primary Registration District 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 Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes # No #		c. CITY OR TOWN Kansas City		Inside Limits Yes # No #		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Luthern Hosp.				Length of stay in 15. 55 yrs.		d. STREET ADDRESS (If outside, give location) 3647 Campbell		Reside on Farm Yes # No #	
3. NAME OF DECEASED (Type or print) First Jesse Middle Jay Last Williams				4. DATE OF DEATH Month May Day 8 Year 1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 6, 1884		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Owner J. J. Ice Co.		11. BIRTHPLACE (City and state or country) Hartford Kansas		12. CITIZEN OF WHAT COUNTRY? U.S. A.		
13. FATHER'S NAME Jesse Jay Williams				14. MOTHER'S MAIDEN NAME Maranda Reed					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-38-8026		17. INFORMANT Mrs. Pearl Williams 3647 Campbell KC				Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Dissecting aneurysm of aorta & rupture into pericardium & final cardiac tamponade</i> DUE TO (b) <i>Chronic cholelithiasis and cholecystitis</i> DUE TO (c) <i>Arteriosclerosis</i>							INTERVAL BETWEEN ONSET AND DEATH 28 hours		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic cholelithiasis and cholecystitis 451x							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 . Month, Day, Year a. m. p. m.									
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		COUNTY		STATE	
21. I attended the deceased from Nov. 11, 1954 to May 8, 1957 and last saw her/him alive on 5/8/57 . Death occurred at 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Joseph E. Welker MD</i>				22b. ADDRESS <i>836 Prof Bldg Kansas City Mo</i>		22c. DATE SIGNED <i>5/10/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/11/57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) Kansas City		STATE Mo.		
24. FUNERAL DIRECTOR Stine & McClure			ADDRESS Kansas City Mo.		25. DATE RECD. BY LOCAL REG. 5-10-57		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>		

0112-6087

Apr. 7:00 o'clock



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 *Elmer D. Tipton*

Licensed Embalmer No. 481

P. O. Address *Kansas City, Mo.*

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.