

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1957

57 021 449
STATE FILE NUMBER
2634

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2634

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) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) General #2		Length of stay in lb 60 yrs.	d. STREET ADDRESS (If outside, give location) 2412 Flora
3. NAME OF DECEASED (Type or print) First Jennie Middle Last Williams			4. DATE OF DEATH Month June Day 1 Year 1957
5. SEX Female	3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH Feb. 23, 1879		9. AGE (In years last birthday) 78 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Louisville, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Rev. John Goins	
13b. MOTHER'S MAIDEN NAME Mary Hoskins		14. NAME OF HUSBAND OR WIFE George Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. No	17. INFORMANT Address Nannie C. Marshall, niece 2010 E. 11th
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with auricular fibrillation and failure. DUE TO (b) Coronary arteriosclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 4 days
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.		20d. INJURY OCCURRED WHILE AT WORK <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 5-2-57 to 6-1-57 and last saw her alive on 6-1-57 Death occurred at 4:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. R. Peterson M.D.</i> (Degree or title)		22b. ADDRESS 600 E. 22nd Street	22c. DATE SIGNED 6-4-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE -5- 6-1-57	23c. NAME OF CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS WATKINS BROS. FN. HM. 18th & Benton		25. DATE RECD. BY LOCAL REG. 6-4-57	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
W. R. Peterson



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 Bruce P. Watkins

Licensed Embalmer No. 4500 P. O. Address 18th & Ben

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.