

FILED JUN 28 1957

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

75-021450
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2749

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) HOSPITAL OR INSTITUTION 3639 Harrison		Length of stay in lb 30 yrs		d. STREET ADDRESS (If outside, give location) 814 East 43rd St.	
3. NAME OF DECEASED (Type or print) First MAYME Middle E. Last WILLIAMS			4. DATE OF DEATH Month June Day 8 Year 1957		
5. SEX Female	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 Feb. 7, 1892	9. AGE (In years) 65-85	F UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby sitter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Logan County Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George W. Farley		13b. MOTHER'S MAIDEN NAME Elizabeth J. Cowgur		14. NAME OF HUSBAND OR WIFE Troy H. Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-22-6048	17. INFORMANT Address Troy H. Williams - 814 E. 43rd Street		
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					INTERVAL BETWEEN ONSET AND DEATH 45 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis					5 yo.
DUE TO (c)					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 <input type="checkbox"/> NO <input checked="" 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 <u>Jan 10 53</u> to <u>June 8 57</u> and last saw her alive on <u>June 8, 1957</u> Death occurred at <u>8:30 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. H. Slentz, M.D.			22b. ADDRESS 46209 C. Nichols Pkwy K.S.		22c. DATE SIGNED June 10, 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/11/57	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, county) (State) Kansas City Mo.	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure - Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 6-11-57	26. REGISTRAR'S SIGNATURE Neva Marshall		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. A. Slentz

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Elmo D. Tipler*

Licensed Embalmer No. *4817*
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.