

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1957

32264
STATE FILE NUMBER
4403

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 4403

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas		b. COUNTY Potter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Amarillo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 105 W. 65th st.		Length of stay in lb 4 mo.		d. STREET ADDRESS 2027 Trazis	
3. NAME OF DECEASED (Type or print) Laurence D. Williams			4. DATE OF DEATH Month Day Year Sept. 21, 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 Sept. 25, 1889		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consultant		10b. KIND OF BUSINESS OR INDUSTRY Engineer		11. BIRTHPLACE (City and state or country) California	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Clayton E. Williams		13b. MOTHER'S MAIDEN NAME Sophia Davis	
14. NAME OF HUSBAND OR WIFE Jane Williams		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. 320-03-0519	
17. INFORMANT Arthur D. Stevens		Address 105 W. 65th st. K.C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUBACUTE MONOCYTTIC LEUKEMIA					INTERVAL BETWEEN ONSET AND DEATH 11 MOS.
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					2042'
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.					
21d. 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 JAN. 1957 to SEPT 21, 1957 and last saw him alive on SEPT 19, 1957 Death occurred at 7:25 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or Title) James W. Fowler, M.D.		22b. ADDRESS 1103 GRAND AVE. KANSAS CITY, MO.	
22c. DATE SIGNED SEP. 22, 1957		23a. BURIAL, CREMATION, READY (Specify) Removal		23b. DATE 9/22/57	
23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) Bartlesville		(State) Okla.	
24. FUNERAL DIRECTOR Stine & McClure		ADDRESS K.C. Mo.		25. DATE RECD. BY LOCAL REG. 9-22-57	
26. REGISTRAR'S SIGNATURE Neva Marshall					

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

James W. Fowler

KB
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Sm. 2-8206
R. James W. Fowler
of St. Mary's Hosp.

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 *J. S. Malton*

Licensed Embalmer No. *2744*

P. O. Address *N. C. Md.*

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.