

STANDARD CERTIFICATE OF DEATH

39654

FILED DEC 2 - 1957

Registration District No. 73 Primary Registration District No. 5291 STATE FILE NUMBER 136 Registrar's No. 136

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>                     |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Liberty</u>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN <u>Liberty</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>RR 3</u>  |                                  | Length of stay in 1b<br><u>years</u>  | d. STREET ADDRESS <u>RR 3</u> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Lillian</u> Middle <u>Williams</u> Last <u>Woodson</u>  |                                  |   | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>31</u> , Year <u>1957</u>  |
| 5. SEX<br><u>female</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Nov. 24, 1905</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Linkville, Missouri</u>  |
| 13. FATHER'S NAME<br><u>James Williams</u>  |                                  | 14. MOTHER'S MAIDEN NAME<br><u>Nancy Bailey</u>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT<br><u>Mrs. John Goodman</u> Address <u>Liberty, Mo.</u>   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Suppression by smoke &amp; Lack of Oxygen</u><br><u>House Partially burned &amp; ex hausting oxygen</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>None</u><br>DUE TO (c) <u>Possible Smoking in bed.</u> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |
| 20a. ACCIDENT <input checked="" 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.)<br><u>16</u>   |   |
| 20c. TIME OF INJURY<br>Hour <u>11</u> Month <u>11</u> Day <u>15</u> Year <u>1957</u><br>a. m. <u>5</u> p. m.  |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |   |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Home</u>  |                                  | 20f. CITY, TOWN, OR LOCATION<br><u>Liberty</u> COUNTY <u>Clay</u> STATE <u>MO</u>   |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE<br><u>D. S. Pate</u> (Degree or title) <u>Coroner</u>  |                                  | 22b. ADDRESS<br><u>North Kansas City Mo</u>   | 22c. DATE SIGNED<br><u>11/4/57</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>11-5-57</u>      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Fairview Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Liberty, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>Tyler-Pasley</u> ADDRESS <u>Liberty, Missouri</u>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>11-19-57</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mabel Graham</u>  |



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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 *John Parley*.....

Licensed Embalmer No. *4308*

P. O. Address *Leventy*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.