

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40670

State File No. _____

5284

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>COFFEY</u> | |
| b. CITY OR TOWN <u>KANSAS CITY</u> | | c. CITY OR TOWN <u>BURLINGTON</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>6 HRS</u> | | e. STREET ADDRESS (If rural, give location) <u>201 HUDSON</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u> | | | |

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|---|---------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARENCE</u> b. (Middle) _____ c. (Last) <u>WILLIAMS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 8 1957</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u> | 8. DATE OF BIRTH <u>2-15-97</u> | 9. AGE (In years last birthday) <u>60</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POSTAL CLERK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>BURLINGTON, KANSAS</u> | |
| 13a. FATHER'S NAME <u>JOHN B. WILLIAMS</u> | | | 13b. MOTHER'S MAIDEN NAME <u>JENNIE RICHARDS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

| | | | | | |
|-----------------------------------|--|---|--|--|--|
| 14. NAME OF HUSBAND OR WIFE _____ | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WWI</u> | | | |
| 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u> ADDRESS _____ | | | |

| | | | | | |
|--|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | ANTECEDENT CAUSES | | | 4201 |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| DUE TO (b) _____ | | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | | | | |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |

22. I hereby certify that I attended the deceased from Oct 11, 1957, to Nov 8, 1957, that I last saw the deceased alive on Oct 4, 1957, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

| | | | | | |
|--|--|------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Don A. Black M.D.</u> | | 23b. ADDRESS <u>924 Perry Bldg</u> | | 23c. DATE SIGNED <u>11/9/57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>11-9-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | |
| 24d. LOCATION (City, town, or county) (State) <u>BURLINGTON KANSAS</u> | | | | | |

| | | | | | |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>11-9-57</u> | | REGISTRAR'S SIGNATURE <u>neva. minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Neecomis Sons H.C. 45</u> | |
|---|--|---|--|--|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Don A. Black

KP
DEC 8
1957

FEB
3 1958

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 *Jess T. Dewar*

Licensed Embalmer No. *4453*

P. O. Address *Kansas City*

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.