

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1496

STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 252

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| 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) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1326 Michigan | | d. STREET ADDRESS 1326 Michigan | |
| Length of stay in lb. 35 yrs. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last CLARISE WILLIAMS | | | 4. DATE OF DEATH Month Day Year January 15, 1958 | | |
|--|--|--|--|--|--|

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|-----------------|------------------------|---|--------------------------------|--|---------------------------------|---------------------------------|
| 5. SEX Female 3 | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 4, 1890 | 9. AGE (In years last birthday) 67 yrs | 10. IF UNDER 1 YEAR Months Days | 11. IF UNDER 24 HRS. Hours Min. |
|-----------------|------------------------|---|--------------------------------|--|---------------------------------|---------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY City of _____ | 11. BIRTHPLACE (City and state or country) L. F. WILSONVILLE, Arkansas | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13. FATHER'S NAME Cullen Williams | 14. MOTHER'S MAIDEN NAME Unknown |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) *** NO | 16. SOCIAL SECURITY NO. 489-87-6528 | 17. INFORMANT Address Robert Williams 1326 Michigan, Son |
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|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aortic Insufficiency | | INTERVAL BETWEEN ONSET AND DEATH Four years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 42-11 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Malnutrition | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

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| 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. | |

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| 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 |
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21. I attended the deceased from Dec. 24, 1957 to Jan 14, 1958 and last saw her alive on Jan 14, 1958
Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) M. C. Lewis, M.D. | 22b. ADDRESS 210 Lincoln Bldg | 22c. DATE SIGNED 1-15-58 |
|---|----------------------------------|-----------------------------|

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|---|----------------------|---|--|
| 23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial | 23b. DATE 1-18-58 | 23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Kansas |
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| 24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton | 25. DATE RECD. BY LOCAL REG. 1-16-58 | 26. REGISTRAR'S SIGNATURE neva minshall |
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 No symptoms will be listed. No standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 M. C. Lewis

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 R. Watkins*.....

Licensed Embalmer No. *45*.....

P. O. Address *18th Y*.....

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