

FILED MAR 7 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006068  
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>44</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Prairie</u>		c. LENGTH OF STAY (In this place township) <u>2 yrs 1 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> 3700		d. STREET ADDRESS (If rural, give location) <u>1407 W 40th Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Hospital</u>									
3. NAME OF DECEASED a. (First) <u>JESSE</u>			b. (Middle) _____		c. (Last) <u>Williamson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 16 1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 16, 1884</u>		9. AGE (In years last birthday) <u>73</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Public Service</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Williamson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Janet Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mary R Williamson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Williamson</u> ADDRESS <u>1407 West 40th St. K.C. Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (c) <u>Myocardial Infarction</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? 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 <u>4-27, 1955</u> , to <u>2-16, 1958</u> , that I last saw the deceased alive on <u>2-15, 1958</u> , and that death occurred at <u>9:50 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Jessie Williamson</u> (Degree or title) <u>no</u>				23b. ADDRESS <u>Jackson County Mo</u>			23c. DATE SIGNED <u>2-18-58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 17-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-17-58</u>		REGISTRAR'S SIGNATURE <u>N.B. Langford</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1321 K.C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 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 .....

Student Embalmer

Signed

*Chester N. Brown*

Licensed Embalmer No. 4931

P. O. Address N.C. 170.

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 this body is not embalmed, fact should be so stated above.