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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1958

58-010279
STATE FILE NUMBER 1279

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL — Length of stay in 1b 60 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 4935 MICHIGAN AVE (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First RAY Middle J. Last WILLIAMS

4. DATE OF DEATH Month MARCH Day 8 Year 1958

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH OCT. 22. 1882

9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED

10b. KIND OF BUSINESS OR INDUSTRY SEARS ROEBUCK

11. BIRTHPLACE (City and state or country) TOMORROW, NEBRASKA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ALBERT WILLIAMS

13b. MOTHER'S MAIDEN NAME HOLLY HACKET

14. NAME OF HUSBAND OR WIFE MRS. NELLIE MAY WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-09-0608A

17. INFORMANT MRS. FERN MATTHEWS Address 4935 MICHIGAN AVENUE KANSAS CITY, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH Short time
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) auricular fibrillation
DUE TO (c) Chronic cardiac disease idiopathic — 43 1
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 [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 2-4-48, to death and last saw ~~her~~ him alive on 3-7-58
Death occurred at 4:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. OSGOOD (Degree or Title) MD

22b. ADDRESS M. OSGOOD M. D. 104 P. V. MEDICAL BLDG.

22c. DATE SIGNED 3-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE MAR. 10. 1958

23c. NAME OF CEMETERY OR ~~CREMATORY~~ ELMWOOD CEMETERY

23d. PLACE (City, town, or county) 71ST AT TOMAHAWK PRAIRIE VILLAGE, KANSAS (State) KANSAS CITY, MO.

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG. 3-10-58

26. REGISTRAR'S SIGNATURE neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

G. M. Osgood

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 Robert Ray

Licensed Embalmer No. 418

P. O. Address K.C., Mo.

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.