

FILED MAY 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014591

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 202

| | | | | | | | | | |
|--|----------------------------------|---|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson <u>7005</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Independence | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Eberthing Nursing Home | | | Length of stay in lb 47 yrs | | d. STREET ADDRESS 707 N. Noland (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First MR. LUTHER Middle BAIN Last WILLIAMS | | | | 4. DATE OF DEATH Month May Day 5 Year 1958 | | | | | |
| 5. SEX Male <u>0</u> | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Sept. 28, 1875 | | 9. AGE (In years last birthday) 82 | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Kentucky <u>1</u> | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Pleasant Williams | | | | 14. MOTHER'S MAIDEN NAME Emma Turner | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | | | 16. SOCIAL SECURITY NO. 496-09-8738A | | 17. INFORMANT Address Frank W. Williams, Parkville, Mo. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary congestion</u> DUE TO (c) <u>Left cerebral thrombosis</u> <u>332X</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>2 days</u> <u>1 mon</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arterio Sclerotic Heart Disease</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> | | |
| 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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u> | | | | | | | | | |
| 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 | |
| 21. I attended the deceased from <u>12-18-57</u> , to <u>5-5-58</u> and last saw ^{him} alive on <u>4-23-58</u> Death occurred at <u>6:40</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>E. H. Dorsch MD</u> <u>0</u> | | | | | 22b. ADDRESS <u>10961 WINNER Rd Ind. Mo</u> | | 22c. DATE SIGNED <u>5-6-58</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE May 8, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet | | 23d. LOCATION (City, town, or county) (State) K. Mo. | | | | |
| 24 FUNERAL DIRECTOR Ott & Mitchell | | | ADDRESS Indep., Mo. | | 25. DATE RECD. BY LOCAL REG. 5-8-58 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | |

MAY 13 1958

MAY 15 1958

MS DEC 2 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 *Henry G. Mitchell*

Licensed Embalmer No. 392

P. O. Address *Indep. 9*

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