

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018611

STATE FILE NUMBER

FILED JUN 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2593

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 614 N. Wabash			Length of stay in 1b) 60 Years		d. STREET ADDRESS (If outside, give location) 610 N. Wabash		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Minnie Middle May Last Williams				4. DATE OF DEATH Month 5 Day 21 Year 1958					
5. SEX Female	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 4-23-1886		9. AGE (In years last birthday) 72	10. FUNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Brunswick Missouri		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME John Greenwood			13b. MOTHER'S MAIDEN NAME Hattie ?			14. NAME OF HUSBAND OR WIFE Simon Williams			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		17. INFORMANT Address Harry Williams 614 N. Wabash KC, 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) Coronary Artery thrombosis							INTERVAL BETWEEN ONSET AND DEATH 3 mos.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized							4201		
DUE TO (c) _____									
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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. _____			_____						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Kansas City		COUNTY Jackson		STATE Mo.	
21. I attended the deceased from Jan 5 1958 to May 21 1958 and last saw her alive on May 1, 1958 . Death occurred at 4:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE K. L. Shireman M.D. (Degree or title)				22b. ADDRESS 4606 St. John's Pk			22c. DATE SIGNED 5-21-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <input checked="" type="checkbox"/>	23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) Kansas City		STATE Missouri		
24. FUNERAL DIRECTOR Shell Funeral Home ADDRESS Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 5-21-58		26. REGISTRAR'S SIGNATURE Neva Minshall				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
K. L. Shireman
All diseases in Part I must be causally related.

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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 *Richard C. Carroll*

Licensed Embalmer No. *4829*

P. O. Address *H. C. Sullivan*

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.