

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005976
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 149 Primary Registration District No. 202 Registrar's No. 504

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 QUEEN OF THE WORLD			Length of stay in hospital 14 yrs.		d. STREET ADDRESS (If outside, give location) 3031 BENTON BOULEVARD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last WATSON KELSO WILLIAMS				4. DATE OF DEATH Month Day Year JANUARY 24, 1959					
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 10-8-1911		9. AGE (In years last birthday) 47 IF UNDER 1 YEAR IF UNDER 24 HRS. Month Day Hours Min. 3 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer				10b. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (City and state or country) COLUMBIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert E. Williams				14. MOTHER'S MAIDEN NAME DORA ROGERS					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address MRS. STANLEY OWENS 2321 E. 28th. K.C. 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) Acute pulmonary congestion & edema hyperemic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Uremia, clinical.... arteriolar nephrosclerosis								INTERVAL BETWEEN ONSET AND DEATH	
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.)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY a. m. p. m. Hour Month, Day, Year									
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 1-22-59 to 1-24-59 and last saw her alive on 1-24-59 Death occurred at 5:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Raymond B. Fleming, M.D.				22b. ADDRESS 1433 E - 19 th ST				22c. DATE SIGNED 1-26-59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 1/29/59		23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Mo			
24. FEDERAL DIRECTOR Lawrence A. Jones				ADDRESS K.C. Mo.		25. DATE RECD. BY LOCAL REG. 1-26-59		26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Coroner cannot certify to a death due to natural causes.
diseases in Part I must be causally related.

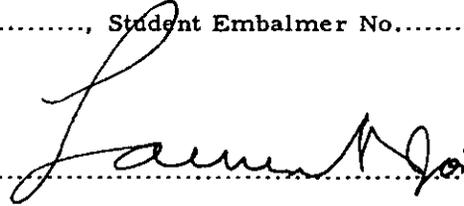
Royal B. Fleming

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.....



Licensed Embalmer No.....

P. O. Address 2304 V
1CC

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