

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009751

STATE FILE NUMBER

FILED APR 8 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1413

Health, Welfare, Public Service
300
-57 C
E. L. Petry
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | |
|---|-----------------------------------|---|---|
| 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 Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center | | Length of stay in lb 73 yrs. | d. STREET ADDRESS (If outside, give location) 1200 W. 72nd St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Robert Middle H. Last Williams | | | 4. DATE OF DEATH Month 3 Day 16 Year 59 |
| 5. SEX Male | 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 Jan 30, 1862 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired Grocer | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 97 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and state or country) Cedar Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown | |
| 14. NAME OF HUSBAND OR WIFE Amelia 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. None | | 17. INFORMANT Lottie Williams Moss Address 1200 W. 72nd St. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic pulmonary disease with emphysema, fibrosis and bronchiectasis | | | INTERVAL BETWEEN ONSET AND DEATH 30 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) and bronchiectasis DUE TO (c) Chronic passive hyperemia, Liver | | | 5 yrs ? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5271 | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | 20f. COUNTY STATE | |
| 21. I attended the deceased from 1932 , to 3-16-59 and last saw him alive on 3-16-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE E. L. Petry M.D. (Degree or title) | | 22b. ADDRESS 701 E 63d St. Kansas City Mo. | |
| 22c. DATE SIGNED 3-17-59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment | 23b. DATE Mar. 18, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. ADDRESS | | 25. DATE RECD. BY LOCAL REG. 3.17.59 | |
| 26. REGISTRAR'S SIGNATURE Neva Marshall | | | |

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 *William M. Turner*

Licensed Embalmer No. *4648*

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.