

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018025

STATE FILE NUMBER

2163

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2163

300 /
-57

Health,
Welfare
Public
Service

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms with no record.

Ca. T. Moore

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 3418 WABASH AVE.		Length of stay in lb 60 yrs	d. STREET ADDRESS (If outside, give location) 3418 Wabash		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First: MAGGIE Middle: WILLIAMS Last: WILLIAMS			4. DATE OF DEATH Month: 4 Day: 17 Year: 59		
5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 1st 1871	9. AGE (In years (day birthday)) 67 yrs	IF UNDER 1 YEAR Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) MEMPHIS TENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOE DOTSON		13b. MOTHER'S MAIDEN NAME DELIA MONICA		14. NAME OF HUSBAND OR WIFE Edward Williams (deceased)	
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 Edith Martin Address: 5221 Benton, South.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency					INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Hypertension					10 years
DUE TO (c) Cerebral Hemorrhage					10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X					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: a.m. Month, Day, Year: p.m.					
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 April 18, 1958 to April 27, 1958 and last saw her alive on April 27, 1958 Death occurred at 1:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Carl T. Moore (Degree or title)			22b. ADDRESS 6425 E 37th, Kansas City, Mo.		22c. DATE SIGNED 4-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE April 30th 1959	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Adkins Funeral Home Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 4-30-59	26. REGISTRAR'S SIGNATURE Irlva 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 *C. Bennett*

Licensed Embalmer No. *4437*
P. O. Address *London, Ky.*

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.