

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025560

FILED VS AUG 4 1959

3026

335

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY PLATTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in 1b 6 hrs.	c. CITY OR TOWN PARKVILLE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEPENDENCE HOSP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT 3- Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last William A. Williams			4. DATE OF DEATH Month Day Year JULY 27 1959		
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-3-1872	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BARRY, MO		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Wesley Williams		13b. MOTHER'S MAIDEN NAME SARAH DRENNEN		14. NAME OF HUSBAND OR WIFE MATILDA 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 MRS. MATILDA WILLIAMS	Address PARKVILLE
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia	48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebrovascular accident	over 2 days
	DUE TO (c) Atherosclerosis	Yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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. 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 **July 27, 1959** to **July 27, 1959** and last saw him alive on **July 27, 1959**
Death occurred at **913** **p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Norman Inabone M.D.	22b. ADDRESS Independence, Mo.	22c. DATE SIGNED July 30 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-30-59	23c. NAME OF CEMETERY OR CREMATORY BARRY CEM	23d. LOCATION (City, town, or county) (State) BARRY, MO
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons	ADDRESS Kansas City Mo	25. DATE RECD. BY LOCAL REG. 7-30-59	26. REGISTRAR'S SIGNATURE James Craig
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Makous
10901 Wernier Rd.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 4586

P.O. Address N.C. 16, 4

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.