URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 16 1959

59-036486
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4810

AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 13 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K. C. Mo.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY ~~Johnson~~ WYANDOTTE
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1200 N. 14th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALEXANDER Middle EVLYN Last WILLIAMS
4. DATE OF DEATH: Month 10 Day 4th Year 1959
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/19/81
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Military
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Silver City New Mexico
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Williams
13b. MOTHER'S MAIDEN NAME: Martha Williams
14. NAME OF HUSBAND OR WIFE: Minnie B. Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 497-24-9787
17. INFORMANT: VA HOSPITAL OFFICIAL RECORDS, K. C. MO. Address

MEDICAL CERTIFICATION

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 pyelonephritis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ureteral obstruction at bladder wall
DUE TO (c) Adenocarcinoma of sigmoid colon with metastases
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Possible cacinoma of bladder
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. VA attended the deceased from 9-22-59, to 10-4-59 and last saw alive on
Death occurred at 7:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: ALBERT L. CHASSON (Degree or title) M.D.
22b. ADDRESS: VA Hospital, K. C. Mo.
22c. DATE SIGNED: 10/4/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/7/1959
23c. NAME OF CEMETERY OR CREMATORY: Ft Leaveneworth National
23d. LOCATION (City, town, or county) (State): Leavenworth, LV. Kans.
24. FUNERAL DIRECTOR: Bailey Funeral Home
ADDRESS: K.C. Kansas
25. DATE RECD. BY LOCAL REG.: 10-5-59
26. REGISTRAR'S SIGNATURE: Nova Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. [redacted]

working under my personal supervision.

Student _____ Signed [signature]

Signature of Student Embalmer

Licensed Embalmer No. 4437

P. O. Address [illegible]

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