

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036490

FILED VS OCT 16 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4744 STATE FILE NUMBER

12/17/59 ACK

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		Length of stay in 1b 39 Yrs	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 Northeast Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 516 Booth Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MERRILL Middle Last WILLIAMS			4. DATE OF DEATH Month September Day 29 Year 1959	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-17-1890	9. AGE (last birthday) 68-67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Mechanic	11. BIRTHPLACE (City and state or country) Afton Iowa	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Newton Williams	13b. MOTHER'S MAIDEN NAME —	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I	16. SOCIAL SECURITY NO. 492-18-5113	17. INFORMANT Verla C Sutton	Address 516 Booth Kansas City Mo
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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)	De-compensated myocarditis	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypostatic pneumonia	2 days
	DUE TO (c)	

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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 9/26/59 to 9/29/59 and last saw him alive on 9/29/59
Death occurred at 1.40 A on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE J. Pocsik (Degree or title) D.O.	22b. ADDRESS 6518 Independence	22c. DATE SIGNED 9/29/59
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23. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/30/59	23c. NAME OF CEMETERY OR CREMATORY Mt Washington Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR Sheil Funeral Home	ADDRESS Kansas City Mo	25. DATE RECD. BY LOCAL REG. 9-30-59	26. REGISTRAR'S SIGNATURE Neve Minchell
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DOCUMENT BY AFFIDAVIT OF Informant J. Pocsik

MEDICAL CERTIFICATION

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 Thomas A. Schul

Licensed Embalmer No. 4959

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.