Dept. Health, Educ., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1–57

FILED VS JAN 25 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-046888
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6259

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): QUEEN OF WORLD — Length of stay in this place: 50 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2104 E. 14th. St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: EUGENE Middle: Last: WILLIAMS

4. DATE OF DEATH Month Day Year: 12-26-59

5. SEX: MALE **6. COLOR OR RACE:** NEGRO **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 2-28-1893

9. AGE (In years last birthday): 66 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Continental Grain Co.
11. BIRTHPLACE (City and state or country): Lexington KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Williams
13b. MOTHER'S MAIDEN NAME: Ella White
14. NAME OF HUSBAND OR WIFE: MERLENE Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-01-5417
17. INFORMANT: Merlene Williams Address: 2104 E. 14th Street

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) HYPOSTATIC PNEUMONIA, MIDDLE AND LOWER LOBE OF RIGHT LUNG.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) BILATERAL BRONCHIECTASIS 526X
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): GENERALIZED ARTERIOSCLEROSIS
19. WAS AUTOPSY PERFORMED? YES [X] 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. I attended the deceased from 12-15-59, to 12-26-59 and last saw her/him alive on 12-26-59
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 L. W. Turner M. D. (Degree or title) **22b. ADDRESS** 1612 E 12 **22c. DATE SIGNED** 12/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 12-30-1959 **23c. NAME OF CEMETERY OR CREMATORY:** Highland **23d. LOCATION** (City, town, or county) (State): Kans. City, Missouri

24. FUNERAL DIRECTOR — **ADDRESS:** Watkins Bros. Funeral Home 18th & Benton
25. DATE RECD. BY LOCAL REG.: 12-29-59
26. REGISTRAR'S SIGNATURE: Neva Marshall
(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. W. Turner M. D.

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 ..... Signed Bruce R. Watkins
Signature of Student Embalmer

Licensed Embalmer No. 4500.
P. O. Address 18th & Benton

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.