

AMENDED

Registration District No. 59
FILED APR 14 1961

Primary Registration District No. _____ Registrar's No. 66

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural Peoria Twp</u>		Length of stay in lb	c. CITY OR TOWN <u>Pittsburg</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi N.E. of Harrisonville</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1206 North Broadway</u>
3. NAME OF DECEASED (Type or print) First <u>WILFRED</u> Middle <u>M.</u> Last <u>WILLIAMS</u>		4. DATE OF DEATH Month <u>Apr</u> Day <u>2</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 28 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Antique Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>66</u>
11a. FATHER'S NAME <u>James Williams</u>		11b. MOTHER'S MAIDEN NAME <u>Susan Mounts</u>	9. AGE (last birthday) <u>66</u>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW1 & WW2</u>		17. INFORMANT <u>Roy Williams</u> Address <u>Pittsburg, Mo</u>	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Grace E. Williams</u>	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
15. 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) <u>Crushed chest + Broken neck</u>			
DUE TO (b) <u>Fracture of left leg above ankle</u>			
DUE TO (c) <u>Fracture nose</u>			
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 checked="" 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.) <u>Auto wreck 4 mi N.E. of Harrisonville on Mo 7 Hwy</u>	
20c. TIME OF INJURY Hour <u>3:30</u> Month, Day, Year <u>April 2, 61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 7 near Harrisonville</u>	20f. CITY, TOWN, OR LOCATION <u>Cass</u> STATE <u>Mo</u>
21. I attended the deceased from <u>3:30 P.</u> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Glen Cummins</u>		22b. ADDRESS <u>Crosser Cass Co. Harrisonville Mo.</u>	22c. DATE SIGNED <u>Apr 2 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Apr 3 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pittsburg Kansas</u>
24. FUNERAL DIRECTOR <u>Funerary Service Harrisonville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>April 3-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ray Sebra</u>

APR 18 1961

VS MAR 22 1962

APR 25 1961

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 Frank E. Runnenbryer 3rd

Licensed Embalmer No. 5073

P. O. Address Harrisonville

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.