SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-037352
STATE FILE NUMBER

AMENDED

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 84

FILED OCT 23 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit — Length of stay in Ib 30 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 405 Mission — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 405 Mission — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle B Last Williams
4. DATE OF DEATH Month Oct Day 11 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/15/1878
9. AGE (last birthday) 83 — 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) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (City and state or country) Jackson Co Mo.
12. CITIZEN OF WHAT COUNTRY U SA
13a. FATHER'S NAME Barney Williams
13b. MOTHER'S MAIDEN NAME Flora Belle Marley
14. NAME OF HUSBAND OR WIFE Mable Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT Mrs Mable Williams Address Kansas City Mo.

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) Dehydration and Inanition — INTERVAL BETWEEN ONSET AND DEATH 3days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Gallbladder. — 3years.
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. ☐ 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. I attended the deceased from July 10, 1958, to Oct. 11, 1961 and last saw ~~her~~ him alive on Oct. 11, 1961
Death occurred at 6 50 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. D. Durrell (Degree or title) M.D.
22b. ADDRESS 615 W. 3rd St. Lee's Summit, Mo.
22c. DATE SIGNED 10/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/14/1961
23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Mo.
23d. LOCATION (City, town, or county) (State) Lee's Summit Mo.

24. FUNERAL DIRECTOR Langsford Funeral Home ADDRESS Lee's Summit Mo.
25. DATE RECD. BY LOCAL REG. 10-12-61
26. REGISTRAR'S SIGNATURE M B Langsford

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 5833

P. O. Address _____

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.