

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045152

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **6400**

AMENDED

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **6400**

FILED JAN 8 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **R. C. Kettner** MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE			
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY, MISSOURI		Length of stay in 1b 15 Days		c. CITY OR TOWN KANSAS CITY, KS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 108 S 17th St. K.C. Kan.	
3. NAME OF DECEASED (Type or print) First JIM Middle WILLIAMS Last WILLIAMS				4. DATE OF DEATH Month DEC. Day 19 Year 1961			
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/2/95	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and state or country) SILOM SPRINGS, ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME BILLY WILLIAMS			13b. MOTHER'S MAIDEN NAME SADIE WEST		14. NAME OF HUSBAND OR WIFE Mrs ALICE WILLIAMS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 7/24/18 to 4/17/19			16. SOCIAL SECURITY NO. -		17. INFORMANT Address VA HOSPITAL, KANSAS CITY, Mo. RECORDS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Perforated duodenal ulcer DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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)					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 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.)			
20c. TIME OF INJURY Month, Day, Year 12/19/61		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	
21a. Attended the deceased from 12/4/61 to 12/19/61 and last saw her/him alive on 12/19/61				Death occurred at 8:22 PM 12/19/61 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. C. Kettner M.D.			22b. ADDRESS VAH, Kansas City, Mo.			22c. DATE SIGNED 12/19/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-20-61	23c. NAME OF CEMETERY OR CREMATORY Oak Grove		23d. LOCATION (City, town, or county) (State) Stillwell Okla.		
24. FUNERAL DIRECTOR Summons, K.-C. Kans			25. DATE RECD. BY LOCAL REG. 12-20-61		26. REGISTRAR'S SIGNATURE Ruth Long		

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 May E Meyer

Licensed Embalmer No. 2415

P. O. Address N.C. 115

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.