S. No. 300
. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16224

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1995

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri & COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3514 Thompson

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): (nmI)
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) 5 (Day) 5 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Aug 9, 1862
9. AGE (In years last birthday): 86 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): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Atchison Co. Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Henry Williams
13b. MOTHER'S MAIDEN NAME: Frances Southard
14. NAME OF HUSBAND OR WIFE: Belle Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Frank Newton
ADDRESS: 3514 Thompson K.C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Interstitial myocardial fibrosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cor. arteriosclerosis associated

DUE TO (c) with generalized arteriosclerosis and nephrosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

420.1

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-14, 19 49, *to* 5-5, 19 49, *that I last saw the deceased alive on* 5-5, 19 49, *and that death occurred at* 2:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm. W. Hart (Degree or title) MD
23b. ADDRESS Gen Hosp K C Mo.
23c. DATE SIGNED 6-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-7-49
24c. NAME OF CEMETERY OR CREMATORY: Maple Grove Cem
24d. LOCATION (City, town, or county) (State): Tonganoxie Leav. Kans.

DATE REC'D BY LOCAL REG.: 5-6-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. Hervey Quisenberry Tonganoxie Ks.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed C. Hervey Quisenberry

Signed _____
Student Embalmer

Licensed Embalmer No. 4070.

P. O. Address Tonganoxie, Kan

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 this body is not embalmed, fact should be so stated above.