No. 300
10-48

FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13204

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1599

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

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) 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Research Hospital 23rd Holmes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Miami
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Richland
d. STREET ADDRESS (If rural, give location) 8750 Cliff Ave

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Henry c. (Last) Williams

4. DATE OF DEATH (Month) April (Day) 3 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 7, 1885
9. AGE (In years last birthday) 66 | 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) Oil Pumper
10b. KIND OF BUSINESS OR INDUSTRY Oil
11. BIRTHPLACE (State or foreign country) Wellsville New York
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Arthur D. Williams
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Alice 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. 509-10-8588
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Williams ADDRESS Wellsville Kan

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) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 12-24 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis (Anterior Descending Branch - Left Coronary Artery) — —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

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* Pathologist, *to* _____, 19__, *that I last saw the deceased alive on* 4/3, 1952, *and that death occurred at* 2:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE W. R. Mc Phee (Degree or title) M.D.
23b. ADDRESS Research Hosp. 23rd Holmes K.C. Mo
23c. DATE SIGNED 4/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4-3-1952
24c. NAME OF CEMETERY OR CREMATORY —
24d. LOCATION (City, town, or county) (State) Wellsville Kansas

DATE REC'D BY LOCAL REG. 4-7-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Coughlin Funeral Home ADDRESS Wellsville Kans

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1952

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 .....
Student Embalmer

Signed Donald E Coughlin

Mo. Licensed Embalmer No. 3493

P. O. Address Wellsville 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.