

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

592

State File No. ....

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 310

<b>1. PLACE OF DEATH</b> a. COUNTY <u>CLAY</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, MO</u> c. LENGTH OF STAY (in this place) <u>MINUTES</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West side MUNICIPAL AIRPORT</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>PENNSYLVANIA</u> b. COUNTY <u>LEBANON</u> c. CITY OR TOWN <u>LYKENS</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>219 MAIN</u> <u>8370</u> <u>8</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>BYRON</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>WILLIAMS</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JAN 20 1954</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>OCT. 19, 1922</u>
<b>9. AGE</b> (In years last birthday) <u>31</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>PILOT ZANTOP FLYING SERVICE</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>LYKENS, PA.</u>
<b>10a. USUAL OCCUPATION</b> (If not in hospital or institution, give street address or location)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>
<b>13a. FATHER'S NAME</b> <u>JAMES BYRON WILLIAMS</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>RUTH N. WOODSIDE</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>HILDA CECILE WILLIAMS</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW 2</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>186-12-2601</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ruff &amp; Held Funeral Home PA.</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Multiple fractures, chest &amp; head injuries</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Airplane Crash</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. INTERVAL BETWEEN ONSET AND DEATH</b>  <u>E 861X</u> <u>37</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River bank</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>KANSAS CITY MO, CLAY, MISSOURI</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>1-20-54 7:08A m.</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Airplane hit River Bank.</u>	
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>O. S. Pate</u> (Degree or title) <u>M.D. Coroner</u>		<b>23b. ADDRESS</b> <u>North Kansas City Mo.</u>	
<b>23c. DATE SIGNED</b> <u>1/21/54</u>		<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <u>1/21/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> _____	<b>24d. LOCATION</b> (City, town, or county) (State) <u>LYKENS PA.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>1-21-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Sheldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>D.W. NEWCOMERS</u> <u>N. K. C. MO.</u>	

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

APR 2 1957

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..... *Glenn H. Hill*

Licensed Embalmer No. *456*

P. O. Address *R. C. 16*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.