

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1588**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **155**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City Mo.		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 15 yrs		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 911 Michigan		e. STREET ADDRESS (If rural, give location) 911 Michigan 3178	
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) Williams	
c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 1/7/54	
5. SEX Male	6. COLOR OR RACE 2 Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1891
9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) Texas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintainance		10b. KIND OF BUSINESS OR INDUSTRY Forest	
11. BIRTHPLACE (City and State or Foreign Country) Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Maggie Williams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	
16. SOCIAL SECURITY NO. 500-14-0864		17. INFORMANT'S SIGNATURE OR NAME Maggie Williams	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 500-14-0864		ADDRESS 911 Michigan	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 500-14-0864		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bilateral Adhesive Fibrinous Pleurisy.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Coronary Insufficiency	
DUE TO (c) Obesity		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5190	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		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.	
23a. SIGNATURE L. M. Tillman Deputy Coroner		23b. ADDRESS 1618 Lydia Ave.	
23c. DATE SIGNED 1/8/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan 11/54		24c. NAME OF CEMETERY OR CREMATORY Highland	
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Mrs Mary Louise Adkins	
DATE REC'D BY LOCAL REG. 1-11-54		REGISTRAR'S SIGNATURE Terrelline Smith	

(Licensed Embalmer's Statement on Reverse Side)

2000 E. 12th

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

AN 5-181

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..... *C. Bennett Taylor*

Licensed Embalmer No...4...7...

P. O. Address... *Texas*.....

**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.**