

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9011

State File No. ....

FILED APR 7 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1220

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY</u> )	c. LENGTH OF STAY (In this place) <u>1 YEAR</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SIMPSON NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>2906 WAYNE AVENUE 3428</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS Lillie</u> b. (Middle) _____ c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 17 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 17, 1859</u>
9. AGE (In years last birthday) <u>95</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>FAIRFIELD, IOWA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	13a. FATHER'S NAME <u>ELWOOD OSBORNE</u>	13b. MOTHER'S MAIDEN NAME <u>HANNAH WHITE</u>	14. NAME OF HUSBAND OR WIFE <u>William A. Williams</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. E. Williams</u> ADDRESS <u>2906 WAYNE AVE, K.C. Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis chronic</u>		
	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 <input type="checkbox"/> NO <input checked="" 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) _____	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 <u>8-24</u> , 19 <u>53</u> , to <u>3-17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-17</u> , 19 <u>54</u> , and that death occurred at <u>8:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Amos Boutros</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>416 Ogden Bld K.C. Mo</u>	23c. DATE SIGNED <u>3-17-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MARCH 17, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WICHITA KANSAS</u>
DATE REC'D BY LOCAL REG. <u>3-18-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer's Sons</u> ADDRESS <u>Kansas City, Mo.</u>	

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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..... *Robert H. Heron*

Licensed Embalmer No... 48

P. O. Address... A. C.

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.