

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1951

State File No.

FILED JUN 24 1954

BIRTH NO.		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6284</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>10 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Pettis Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mile east Parkville</u>				d. STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>H.</u>			c. (Last) <u>Williams</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1954</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 30, 1888</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u></u>		11. DAYS <u></u>		12. HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Griffon Tr. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Dearborn, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u></u>							
13a. FATHER'S NAME <u>J. B. Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Eliz. Hays</u>			14. NAME OF HUSBAND OR WIFE <u>Rose Halzaphel</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-14-4360</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. H. Williams-Parkville, Mo.</u> ADDRESS <u></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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac failure</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</p> <p>DUE TO (b) <u>hypertensive arteriosclerosis 3 yrs</u></p> <p>DUE TO (c) <u>chronic congestive heart failure 3 Mo</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					
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) (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 <u>Feb. 1952</u> , to <u>June 14, 1954</u> , that I last saw the deceased alive on <u>June 14, 1954</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>Nelson P. Taylor, M.D.</u>				23b. ADDRESS <u>to Kansas St. Mo.</u>		23c. DATE SIGNED <u>6-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-16-54</u>		REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn Funeral Home</u>		ADDRESS <u>Weston, Mo.</u>	



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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING** (Signature to comply with the above constitutes grounds for revocation of license.)

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