

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH33623
State File No. 4610

BIRTH NO. <u>7756755</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4610</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>1 hr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			<u>gls</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2940 Chester</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wayne</u>		b. (Middle) <u>Eugene</u>		c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27 1955</u>			
5. SEX <u>D</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 27 1955</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Raymond G. Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Shirley Akers</u>			14. NAME OF HUSBAND OR WIFE <u>None</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 (Father) <u>Mr. Raymond G. Williams</u>				ADDRESS <u>KC Ks.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				ANTECEDENT CAUSES <u>Prenatal injury 3 days before to mother (Accidental) (full term)</u>				<u>7600F</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>gls</u> (COUNTY) <u>Wyandotte</u> (STATE) <u>Kans.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-24-55</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>mother fell from a stool.</u>					
22. I hereby certify that I attended the deceased from <u>10-27</u> , 19 <u>55</u> to <u>10-27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-27</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Harold W. Rain</u> D.O.				23b. ADDRESS <u>4150 N. Grand Blvd Kansas City, Kansas</u>			23c. DATE SIGNED <u>10-28-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Oct. 29 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>				
DATE REC'D BY LOCAL REG. <u>10-28-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Simmons Funeral Home KCK</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Harold W. Rain

No 2520

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

Max C. Meyer

Licensed Embalmer No.

2415

P. O. Address

K. E. K's

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

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