

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1517**

FILED FEB 4 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 249

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 OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>60 years</u>	c. CITY OR TOWN <u>Kansas City</u>		d. 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>Research Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>2733 Harrison</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Newton</u> b. (Middle) <u>Shover</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 16 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 26 1889</u>		9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>National Bellcoless</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Newton G. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Lee Jahua</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-05-3938</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. L. Finch</u>		17. ADDRESS <u>5920 Eastwood 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial ischemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>				<u>unknown</u>
	DUE TO (c) <u>Drug hypersensitivity (Sulfa)</u>				<u>1 day</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombophlebitis rt. leg 4/63</u>				<u>1 week</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)	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>1/27/1956</u> , to <u>1/16/1957</u> , that I last saw the deceased alive on <u>1/16/1957</u> , and that death occurred at <u>12:40 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ronald A. Taylor</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>4526 Paces Rm W</u>		23c. DATE SIGNED <u>1/17/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan 18 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-17-57</u>		REGISTRAR'S SIGNATURE <u>W. W. Minshel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilks Funeral Home</u> ADDRESS <u>2315 Pinewood</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Claude C. Farley

10-A. Sim.

101-6349

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 Chas E. Wilks

Licensed Embalmer No. 264

P. O. Address H. E. M.

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.