

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16851

FILED MAY 20 1957

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5511 Registrar's No. 466

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WIELDS CREEK TWP.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS CITY, MO.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CLINTON RURAL</b> Length of stay in 1b <b>24 HRS.</b>		d. STREET ADDRESS (If outside, give location) <b>3 E. 34th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>RUSSELL J. C. WILLIAMS</b>			4. DATE OF DEATH Month Day Year <b>MAY 11 1957</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 28, 1913</b>
9. AGE (In years last birthday) <b>44</b> IF UNDER 1 YEAR Months Days Hours Min. <b>3 13</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>	
100. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and state or country) <b>MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>ORRILL WILLIAMS</b>	
14. MOTHER'S MAIDEN NAME <b>Unknown</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES WAR #2</b>	
16. SOCIAL SECURITY NO. <b>490-01-2956</b>		17. INFORMANT Address <b>Margaret Williams 3 East 34th St. Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Aortic Stenosis - marked calcification</b> DUE TO (c) <b>unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>D.O.A.</b> to <b>Coroner with</b> and last saw her alive on <b>5/12/57</b> Death occurred at <b>between 10 pm + 12 pm on the date stated above; and to the best of my knowledge, from the causes stated.</b>			
22a. SIGNATURE (Degree or title) <b>Dr. Anderson, Coroner</b>		22b. ADDRESS <b>Clinton, Mo.</b>	
22c. DATE SIGNED <b>5/12/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
23b. DATE <b>May 13, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Glacial Hill</b>	
23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>H. J. Sansant, Clinton, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>5-13-57</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1957

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 *W. A. Fairbank* .....

Licensed Embalmer No. *377*

P. O. Address *Clinton*

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..