

FILED MAY 21 1957

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17428
STATE FILE NUMBER

2116
REGISTRAR'S NO.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Length of stay in 1b 61 yrs	d. STREET ADDRESS # 1646 Bellview		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Ben Williams			4. DATE OF DEATH Month Day Year May 4, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-1-96	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doorman - Theater		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Buffalo, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Williams			14. MOTHER'S MAIDEN NAME Tennessee Sweaney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes NW I		16. SOCIAL SECURITY NO. 491 14 3003	17. INFORMANT VA Hospital Records		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause-(a), stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease					?
DUE TO (c)					443 X
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 type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> 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. attended the deceased from April 30, 1957 to May 4, 1957 Death occurred at 2:25 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert E. Mosser (Degree or title)			22b. ADDRESS VA Hospital, K.C. Mo.		22c. DATE SIGNED 5-4-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/7/1957	23c. NAME OF CEMETERY OR CREMATORY Sweaney Cemetery		23d. LOCATION (City, town, or county) (State) Buffalo, Missouri	
24. FUNERAL DIRECTOR QUIRK & TOBIN, 20 W. Linwood, K.C. Mo.		25. DATE RECD. BY LOCAL REG. 5-4-57		26. REGISTRAR'S SIGNATURE Neva Marshall	

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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 *William M. Turner*

Licensed Embalmer No. *464*

20 W. Lincoln
P. O. Address

Kansas City, Mo.
in his OWN HANDWRITING. (F)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER 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.