

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44660**
5629

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

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, write RURAL and give township) KANSAS CITY <small>NO. OF STAYS (in this place) 2 WEEKS</small>		c. CITY OR TOWN KANSAS CITY	d. Is 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 4137 FOREST AVENUE		e. STREET ADDRESS (If rural, give location) 4137 FOREST AVENUE	

3. NAME OF DECEASED (Type or Print) WILLIAM HARRY	b. (Middle)	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) 11 - 27 - 1957
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5. SEX MALE	6. COLOR OR RACE WHITE-AM	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE-8-1880	9. AGE (In years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-10 YEARS	11. BIRTHPLACE (City and State or Foreign Country) BRUNSWICK MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN WILLIAMS	13b. MOTHER'S MAIDEN NAME MARY KNOX	14. NAME OF HUSBAND OR WIFE MRS. MARY ANN WILLIAMS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. J. M. PEARY	ADDRESS 4137 FOREST AVE KANSAS CITY MO.
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chromosoma liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostatic pneumonia DUE TO (c) Transition		INTERVAL BETWEEN ONSET AND DEATH 1561
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **7/2/57** to **11/27/57**, that I last saw the deceased alive on _____, 19____, and that death occurred at **7 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. G. Montgomery M.D.	23b. ADDRESS Profess Bldg	23c. DATE SIGNED 11/27/57
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24a. BURIAL OR CREMATION REMOVAL (Specify) BURIAL	24b. DATE Nov. 27, 1957	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) BRUNSWICK MISSOURI
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DATE REC'D BY LOCAL REG. 11-27-57	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newman's Son	ADDRESS 1331 BRUSH CORNER KANSAS CITY MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. G. Montgomery

DEC 18 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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *K Eyn*

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.