

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013619

STATE FILE NUMBER 1665

FILED APR 20 1959

Registration District No. 149 Primary Registration District No. 002

Registrar's No. 1665

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, K. C. MO		Length of stay in 1b 34 years	d. STREET ADDRESS (If outside, give location) 3017 Bales Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alonzo Middle (NMI) Last Williams			4. DATE OF DEATH Month 3rd Day 29th Year 1959
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-24-16
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Laborer		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Wewoka, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John H. Williams	
13b. MOTHER'S MAIDEN NAME Catherine Flowers		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war and type of service) Yes WWII		16. SOCIAL SECURITY NO. —	
17. INFORMANT Address VA HOSPITAL RECORDS, K. C. MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion & edema; Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) -0-			
DUE TO (c) Purulent meningitis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fatty metamorphosis, liver Chronic pancreatitis			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 p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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. VA attended the deceased from 3-26-59 to 3-29-59 VA Hospital, Kansas City, Mo. Death occurred at 7:55 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alonzo Williams M.D.</i>		22b. ADDRESS VA Hospital, K.C., Mo.	
22c. DATE SIGNED 3-30-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/1/59	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery
23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)	
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary		ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 4-1-59
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

A. J. Williams

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 *Millard B. Parker*

Licensed Embalmer No. *5013*
P. O. Address *H. C. 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.