

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013620

State File No.

FILED MAY 1 1959

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1803

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Coffey</u>	
b. CITY (If outside corporate limits, write RURAL and give name) OR TOWN <u>Kansas City, Mo.</u>		c. CITY OR TOWN <u>Waverly</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 wks</u>		e. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patty</u> b. (Middle) <u>Jo</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-4-59</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar. Mar.</u>	8. DATE OF BIRTH <u>June 1955</u>
9. AGE (In years last birthday) <u>7</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Ottawa Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Robt. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Boyter</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hosp. Records</u> ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>		Tetralogy of Fallot			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>7540</u>	

19a. DATE OF OPERATION <u>4/2/59</u>		19b. MAJOR FINDINGS OF OPERATION <u>Potts-Smith aorta-pulmonary artery shunt</u>		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 2-17, 1959 to 4-4, 1959, that I last saw the deceased alive on 4-4, 1959, and that death occurred at 7:00 P. from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Meyer, Jr.</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>4620 Jc Nichols - Kansas City, Mo.</u>		23c. DATE SIGNED <u>4/9/59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>4-6-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waverly, Mem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Waverly Kansas</u>		DATE REC'D BY LOCAL REG. <u>4-9-59</u>		REGISTRAR'S SIGNATURE <u>New Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Newmeadows Sons R. C. C.</u>		ADDRESS _____			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John H. Meyer, Jr.

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.....
Robert P. Henson

Licensed Embalmer No...*482*

P. O. Address...*K.P.H.*

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.

