

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025512

FILED VS JUL 27 1959

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3404 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in lb 31 yrs		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 1124 PASEO BLVD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1216 GARFIELD AVE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1124 PASEO BLVD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HENRY Middle WAYMAN Last WILLIAMS			4. DATE OF DEATH Month 7 Day 7 Year 1959			
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 25 1920	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER (grinder)	10b. KIND OF BUSINESS OR INDUSTRY Myers Optical Co.	11. BIRTHPLACE (City and state or country) Chandler Oklahoma	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME William Williams	13b. MOTHER'S MAIDEN NAME Nomay Jane Humphery	14. NAME OF HUSBAND OR WIFE Beatrice I Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2	16. SOCIAL SECURITY NO. 499 07 6010	17. INFORMANT Address Beatrice I. Williams 2844 Park Ave.
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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 Edema . DUE TO (b) Myocardial Insufficiency DUE TO (c) Chronic Valvular Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____	_____
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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 _____
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Deputy Coroner</i>	22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 7/8/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE July 13 1959	23c. NAME OF CEMETERY OR CREMATORY Natnl Cem Ft Leavenworth	23d. LOCATION (City, town, or county) (State) Ft. Leavenworth Kansas
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24. FUNERAL DIRECTOR Adkins Funeral Home 2000 E 12th St.	25. DATE RECD. BY LOCAL REG. 7-11-59	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF WILLIAM

JACKSON MISSOURI

JACKSON

X

KANSAS CITY

KANSAS CITY

X

1124 PASSEO BLVD

X

1116 GARFIELD AVE

1952

7

7

WILLIAMS

WALYAN

X

HENRY

NEGRO

MALE

LABORER

108

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *C. Kenneth Ruff*

Licensed Embalmer No. *443*

P. O. Address *KCM*

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.