

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040475

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5302 STATE FILE NUMBER

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		Length of stay in 1b 50 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 67th AND BENNINGTON		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First James Middle Williamson Last Williamson			4. DATE OF DEATH Month 11 Day 2 Year 59						
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH NOV 1, 1871	9. AGE (last birthday) 88 YRS.	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED LANDSCAPING			10b. KIND OF BUSINESS OR INDUSTRY LAWRENCE CO KY.		11. BIRTHPLACE (City and state or country) LAWRENCE CO KY.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME AMES WILLIAMSON			13b. MOTHER'S MAIDEN NAME HANNAH PRICE			14. NAME OF HUSBAND OR WIFE VIOLA WILLIAMSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496 09 6502		17. INFORMANT DAN WILLIAMSON		Address 3000 NORTH 27th STREET			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asthma								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
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 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 _____ a.m. _____ 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. I attended the deceased from 10-30-1959 to 11-2-1959 and last saw him ^{her} alive on 11-2-1959 Death occurred at 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE H. Dwyer (Degree or title) M.D.				22b. ADDRESS 2100 Cherry Kansas City, Mo		22c. DATE SIGNED 11-2-1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV 4, 1959	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEM		23d. LOCATION (City, town, or county) KANSAS CITY MO.		(State)		
24. FUNERAL DIRECTOR H. D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 11-3-59		26. REGISTRAR'S SIGNATURE Neve Minchell			

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Dwyer**

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 Baum

Licensed Embalmer No. 4931

P. O. Address KC/Mo

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.