

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-001987**

**FILED VS FEB 15 1960**

**509**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SALINE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>	Length of stay in 1b <b>15 days</b>	c. CITY OR TOWN <b>MARSHALL</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>477 South Redman</b>

3. NAME OF DECEASED (Type or print) First <b>HOWARD</b> Middle <b>R.</b> Last <b>WILLIAMS</b>			4. DATE OF DEATH   <b>JANUARY 26, 1960</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-5-86</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>COOPER COUNTY, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>PERRY WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY E. HARRIS</b>		14. NAME OF HUSBAND OR WIFE <b>JESSIE, Williams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>OFFICIAL RECORDS VA HOSPITAL, K.C., MO.</b> <b>Jesse Williams 477 S. Redman, Marshall Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Basilar Artery Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Severe Arteriosclerosis</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 Month, Day, Year a.m. p.m.	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 January 11, 1960 to Jan 26, 1960 and last saw him/her on Jan 26, 1960  
Death occurred at 9:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Perry W. Nadig</b> (Degree or title)		22b. ADDRESS <b>Perry W. Nadig, MD VA Hospital, K.C., Mo.</b>		22c. DATE SIGNED <b>1/26/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>1-28-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>-</b>	23d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>		

24. FUNERAL DIRECTOR <b>Harjet Green, Marshall, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>1-28-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961

**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 George H. Green

Licensed Embalmer No. 422

P. O. Address Marsh

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.