

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006685

FILED VS MAR 11 1960

149

Primary Registration District No. 1002

Registrar's No. 1186

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>life</b>		c. CITY OR TOWN <b>Kansas City</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>12th &amp; Grand Ave.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7947 Euclid</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <b>Myrtle S. Williams</b>				First	Middle	Last	4. DATE OF DEATH Month <b>Feb.</b> Day <b>25</b> Year <b>1960</b>						
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</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>5/3/1902</b>		9. AGE (last birthday) <b>57</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Drill press operator</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Rival Mfg. Co.</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>					
13a. FATHER'S NAME <b>Peter E. Walker</b>				13b. MOTHER'S MAIDEN NAME <b>Sarah Endicott</b>				14. NAME OF HUSBAND OR WIFE <b>Champ C. Williams</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>496-26-0969</b>		17. INFORMANT <b>Champ C. Williams</b> Address <b>7947 Euclid Kansas City, 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>Acute Coronary occlusion</b>										INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Hypertension</b>										<b>10 yr</b>			
DUE TO (c) <b>Chronic Arteriosclerosis</b>										<b>10 yr</b>			
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 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 <b>March 22-56</b> to <b>July 5-60</b> and last saw her <b>live</b> on <b>July 5-60</b> Death occurred at <b>3:40 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Donald R. Collins M.D.</b>						22b. ADDRESS <b>8200 Rose</b>				22c. DATE SIGNED <b>2/26/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>2/27/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem.</b>				23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>					
24. FUNERAL DIRECTOR <b>Earp &amp; Sons Mortuary</b>				ADDRESS <b>707 Truman K. C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-27-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>					

DOCUMENT

BY AFFIDAVIT OF Donald R. Collins MEDICAL CERTIFICATION

**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 William H. Eys

Licensed Embalmer No. 4728

P. O. Address K.C. 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.