

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019696

FILED VS JUN 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2836 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Kansas b. COUNTY Johnson Wyandotte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 25 days	c. CITY OR TOWN Kansas City, MO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2631 Sherman		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bush Middle Williams Last Williams			4. DATE OF DEATH Month 5th Day 21st Year 1960		
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 4-17-92	9. AGE (last birthday) 68 yr	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Wkr		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Corner Stone, Ark. U.S.		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME James Williams		13b. MOTHER'S MAIDEN NAME Tina Frazier		14. NAME OF HUSBAND OR WIFE Zeola Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 430267191		17. INFORMANT Zeola Williams, Wife, Kansas City, Mo Address V.A. Hospital, Kansas City, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Multiple pulmonary emboli					
DUE TO (b) Thrombosis of right atrial appendage					
DUE TO (c) Old & recent myocardial infarction					
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"/> N- <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.)	
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 checked="" 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 April 27, 1960 to May 21, 1960 and was present at Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE T. J. Fritzlen (Degree or title) MD			22b. ADDRESS V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 5-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/24/60	23c. NAME OF CEMETERY OR CREMATORY Wadsworth National		23d. LOCATION (City, town, or county) (State) Wadsworth. Lv. Kansas	
24. FUNERAL DIRECTOR Bailey Funeral Home. K.C. Kansas ADDRESS		25. DATE RECD. BY LOCAL REG. 5-24-60	26. REGISTRAR'S SIGNATURE neva ? unshell		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Herbert Hoyle*

Licensed Embalmer No. 4419

P. O. Address *2100*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.