

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 10 1960

4794-60-035122 STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 1 year	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION COLONIAL NURSING HOME 100 East 36th St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2200 BUNKER Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MINNETTA MAY WILLIAMSON	4. DATE OF DEATH Month Day Year SEPTEMBER 18 1960
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC 4 1859	9. AGE (last birthday) 100	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) BRIGHTON, IOWA	12. CITIZEN OF WHAT COUNTRY U.S.A.///
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13a. FATHER'S NAME JOHN BLACK	13b. MOTHER'S MAIDEN NAME SARAH UNKNOWN	14. NAME OF HUSBAND OR WIFE ALFRED B. WILLIAMSON
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. ORA CROUCH, 4740 Roanoke Parkway, K.C., MO.
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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) <u>Cerebral Vascular Accident</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>General Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>hrs.</u> <u>YRS.</u> <u>YRS.</u>
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 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.)
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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 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
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21. I attended the deceased from 8/25/1960 to 9/18/60 and last saw her/him alive on 9/3/60.
Death occurred at 11:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John M. Casebolt	22b. ADDRESS 4000 BALTIMORE	22c. DATE SIGNED 19 Sept 60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE SEP. 20, 1960	23c. NAME OF CEMETERY LAKEWOOD CEMETERY	23d. LOCATION (City, town, or county) MINNEAPOLIS, MINNESOTA
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24. FUNERAL DIRECTOR D.W. NEWCOMERIS SONS 1331 BRUSH CREEK BLVD KANSAS CITY, MO	25. DATE RECD. BY LOCAL REG. 9-20-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John M. Casebolt

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 Louis Gust

Licensed Embalmer No. 4096

P. O. Address K. C. M.

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

[Handwritten notes and scribbles at the bottom of the page]