

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025652

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 746 Primary Registration District No. 3026 Registrar's No. 367

FILED JUL 24 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Independence Mo.</b>  |   | Length of stay in 1b<br><b>50 Yrs.</b>  | c. CITY OR TOWN <b>Kansas City, Mo</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Baptist Convalescent Home</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>3534 Wabash</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                       |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Gussie</b> Middle <b>A.</b> Last <b>Williams</b>  |   | 4. DATE OF DEATH<br>Month <b>7</b> Day <b>14</b> Year <b>1961</b>   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-30-1890</b>  |
| 9. AGE (last birthday)<br><b>70</b>   |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Domestic</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Domestic</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Dyesburg, Tenn.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>Unknown</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 17. INFORMANT Address<br><b>Robert C. Williams 3534 Wabash</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute cardiac failure</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hours</u>   |
| DUE TO (b) <u>Cardiac atherosclerosis</u>   |   |   | <u>Years</u>  |
| DUE TO (c) <u>Generalized arteriosclerosis</u>  |   |   | <u>Years</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Malnutrition, vitaminosis, old C-V A</u>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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 <u>April 19, 1961</u> to <u>July 14, 1961</u> and last saw her <sup>him</sup> alive on <u>July 13, 1961</u><br>Death occurred at <u>8:50 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Sorothy M. Watkins, D.O.</u>   |   | 22b. ADDRESS<br><u>809 St. Lexington Independence, Missouri</u>   | 22c. DATE SIGNED<br><u>7/17/61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>7-19-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lincoln</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Jones &amp; Stevens 2315 Linwood</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-18-61</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Alba L. Craig</b>   |

AUG 14 1962

**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 \_\_\_\_\_

Licensed Embalmer No. 4259

P. O. Address 2315 Lemoyne  
KE9

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.