

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045156

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6189

STATE FILE NUMBER

FILED DEC 22 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		a. STATE Mo.		b. COUNTY Jackson	
Length of stay in 1b 1 Hour		c. CITY OR TOWN Lee's Summit		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 210 West 3rd Terrace	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Union Station		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Bliss		Middle Williamson		Last Williamson		Month Day Year Dec. 6 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/30/1885	9. AGE (last birthday) 75 7/6	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (City and state or country) Cashocton Ohio.		12. CITIZEN OF WHAT COUNTRY U SA	
13a. FATHER'S NAME Horton Williamson			13b. MOTHER'S MAIDEN NAME Weatherwax			14. NAME OF HUSBAND OR WIFE Jean M. Williamson	
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 Address Mrs Jean M. Williamson Lee's Summit Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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						INTERVAL BETWEEN ONSET AND DEATH	
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ruth Owens Greener				22b. ADDRESS 157 Union Station		22c. DATE SIGNED 12-7-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/9/1961		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.		23d. LOCATION (City, town, or county) (State) Kansas City Mo.	
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit Mo.			25. DATE RECD. BY LOCAL REG. 12-8-61		26. REGISTRAR'S SIGNATURE Ruth Long		

DOCUMENT

MEDICAL CERTIFICATION
H. Owens

BY AFFIDAVIT OF

DEC 29 1961

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

W B Langford

Licensed Embalmer No.

3833

P. O. Address

Lee's Summit

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.