

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

75-62-006841
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 75

AMENDED

FILED FEB 20 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <u>76 Yrs</u>		c. CITY OR TOWN <u>Independence</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3940 South Crysler</u>		d. STREET ADDRESS (if outside, give location) <u>3940 South Crysler</u>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>J</u>	Middle <u>Ida</u>	Last <u>Williamson</u>	Month <u>Feb</u>	Day <u>10th</u>	Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-17-1872</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Lee County Ill</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
13a. FATHER'S NAME <u>Ole Beam</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Johnson</u>		13c. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Miss Ruby Williamson 3940 South Crysler</u> Address		

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) <u>C-V Accident</u>		<u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Atherosclerosis Years</u>	
	DUE TO (c) <u>General Atherosclerosis Years</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 <u>is</u> 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 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 Feb 6, 1962 to Feb 10, 1962 and last saw her alive on Feb 9, 1962. Death occurred at 7 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Charles Crosske, MD</u>	22b. ADDRESS <u>Independence, Mo.</u>	22c. DATE SIGNED <u>7/12/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 12 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery</u>
24. FUNERAL DIRECTOR <u>Roland R Speaks Funeral Home, Independence</u> ADDRESS		23d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>

25. DATE RECD. BY LOCAL REG. <u>2-12-62</u>	26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ BY AFFIDAVIT OF

DOCUMENT

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 me,
or by Don W. Lindsey, Student Embalmer No. 649

working under my personal supervision.

Student Don W. Lindsey
Signature of Student Embalmer

Signed Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Indy 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.