

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-043103
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 5968 Registrar's No. 546

VS 300
Rev. 4/59

1 7206

2 7000

3 2

4 0

5 1

6 0

7 0

8 2

9 420.1

10

11

12 91-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SUGAR CREEK		c. CITY OR TOWN BUCKNER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 611 N. STERLING		d. STREET ADDRESS (If outside, give location) 507 WASHINGTON	
3. NAME OF DECEASED (Type or print) BURT KIRKMAN WILLIAMSON		4. DATE OF DEATH Month II Day 10 Year 62	
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 6-29-09
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEPUTY CONSTABLE		10b. KIND OF BUSINESS OR INDUSTRY CONSTABLE OFFICE ST. JOSEPH MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME BURT WILLIAMSON		13b. MOTHER'S MAIDEN NAME SALLY KIRKMAN	14. NAME OF HUSBAND OR WIFE ELBA 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. 7	17. INFORMANT Address MRS ELBA WILLIAMSON BUCKNER MO.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute and Recurrent Myocardial infarction -			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Sclerosis and			4 months
DUE TO (c) Coronary Artery Disease			4 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Bronchitis - Smokers Chest			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ 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 9-12-1962 to 11-10-1962 and last saw him alive on 9-25-1962 Death occurred at 332 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Grohan Osterhus		22b. ADDRESS 1220 Professional Bldg Kansas City - 200	22c. DATE SIGNED 11-12-1962
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE II-13*62	23c. NAME OF CEMETERY OR CREMATORY BUCKNER	23d. LOCATION (City, town, or county) BUCKNER MO.
24. FUNERAL DIRECTOR REPPERT		25. DATE RECD. BY LOCAL REG. 11-12-62	26. REGISTRAR'S SIGNATURE Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

NOV 27 1962

11-12-62

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 Charles E. Mayfield,

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.