

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 695763-047432 STATE FILE NUMBER

VS 300
Rev. 4/59

1 6008

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF J. Roderick MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KAN. CITY</u>		c. CITY OR TOWN <u>KAN. CITY</u>	
Length of stay in 1b <u>37 YRS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5303 N. WHEELING</u>		d. STREET ADDRESS (If outside, give location) <u>5303 N. WHEELING</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EVERETT WILLIAMS</u>		4. DATE OF DEATH Month Day Year <u>12-20-1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-1-1897</u>
9. AGE (last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHEET-METAL-FINISHER</u>	
11. BIRTHPLACE (City and state or country) <u>ELGIN, ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>ZUMA A. WILLIAMS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>ZUMA A. WILLIAMS WHEELING K.C.</u> Address <u>5303 N.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u> DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Gen. Metastatic Carcinoma of prostate 1 yr</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>Weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>not treated at Gen. Hosp. K.C. Mo for Malignancy</u>		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	
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 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>12-19-63</u> to <u>12-20-63</u> and last saw him alive on <u>12-19-63</u> Death occurred at <u>10:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. J. Roderick MD</u> (Degree or title) 22b. ADDRESS <u>54 E 69 Highway KC 19 Mo</u> 22c. DATE SIGNED <u>12-22-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-23-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL MEM. BLVD STONE, MO.</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS-SONS N.K.S.</u>	25. DATE RECD. BY LOCAL REG. <u>12-23-63</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 John V. Henrich, Jr.

Licensed Embalmer No. 4848

P. O. Address K-8-17, 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.

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