

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0023465

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3302

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 7 1967	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Jackson</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>40 yrs.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Blue Ridge Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u></p> <p>c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>2428 Quincy</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>Artie</u> Middle <u>L.</u> Last <u>Williams</u></p>	
<p>4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1967</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>5/18/1881</u></p>
<p>9. AGE (last birthday) <u>86</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Employed</u></p>
<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repair</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>California, Mo.</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U S</u></p>	
<p>13a. FATHER'S NAME <u>Mordici Williams</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wood</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Mary E. Williams</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>	<p>16. SOCIAL SECURITY NO. <u>487-16-1506</u></p>
<p>17. INFORMANT <u>Ray Weatherbee</u> Address <u>4945 Woodside</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u></p> <p style="text-align: center;">DUE TO (b) <u>Atherosclerosis of coronary arteries</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u></p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>1962</u> to <u>1967</u> and last saw ^{her}him alive on <u>6-21-17</u></p> <p>Death occurred at <u>11:30 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>E. L. Slentz, M.D.</u></p>	<p>22b. ADDRESS <u>4320 W. Small Rd. Kansas City, Missouri</u></p>
<p>22c. DATE SIGNED <u>6-22-17</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u></p>	<p>23b. DATE <u>6/21/67</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Allee Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) (State) <u>California, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR <u>Earp & Sons</u> ADDRESS <u>4707 Truman Road</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>6-23-67</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Lucas Boyd</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

ITEM NO.	SHOULD READ	DATE AMENDED
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BY AFFIDAVIT OF E. L. Slentz, M.D.

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STATE OF MISSISSIPPI

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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 William H. Egan

Licensed Embalmer No. 4728

P. O. Address H. P. 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.