

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13207**
1871

FILED MAY 3 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's 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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 8 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY				3128	
d. FULL NAME OF HOSPITAL OR INSTITUTION SIMPSON NURSING HOME				d. STREET ADDRESS (If rural, give location) 4337 CLEVELAND				362	
3. NAME OF DECEASED (Type or Print) a. (First) LYDIA		b. (Middle) MARGARET		c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) 4-22-52			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Dec. 23, 1871		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Hours	IF UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) OHIO		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME DILLION			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE TSSAC WILLIAMS (DECEASED)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MR. THOMAS W. MORRIS - 4337 CLEVELAND				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH 2 years	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Encyphalomalacia of cerebral cortex due to hemorrhage				443X 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2 Dec</u> , 19 <u>50</u> , to <u>22 April</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>22 March</u> , 19 <u>52</u> , and that death occurred at <u>2:20 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE Richard W. Gunn (Degree or title) M.D.				23b. ADDRESS 6230 Truman Rd Ke. 3E, Mo		23c. DATE SIGNED 4-28-1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-23-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.			
DATE REC'D BY LOCAL REG. 4-23-52		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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W. L. Linn
Riverside
Hospital

JUN 24 1953

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed John Clark
Licensed Embalmer No. 4216
P. O. Address R. G. 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 this body is not embalmed, fact should be so stated above.