

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26366

FILED AUG 21 1950

BIRTH NO.		REG. DIST. NO. 92		PRIMARY REG. DIST. NO. 6289		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE South Dakota b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City		c. LENGTH OF STAY (in place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gayville		8400 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 12 Broadview Acres				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Emma c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) July 31 50				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH March 16 1879	
9. AGE (In years, if under 1 year last birthday) Months Days 71 4 12		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 (State or foreign country) Pleasanton, Kansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME James D. Holmes		13b. MOTHER'S MAIDEN NAME Mary L. Parks		14. NAME OF HUSBAND OR WIFE Walter Williams	
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. 521-12-8050		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret Wright N. K. C. Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy 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.					INTERVAL BETWEEN ONSET AND DEATH 334A
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE D. S. Tate (Degree or title) 3				23b. ADDRESS North Kansas City, Mo.		23c. DATE SIGNED 7/31/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-2-50	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. Aug 2-50		REGISTRAR'S SIGNATURE Bessie Kitchener		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons 832 Armour Rd. North Kansas City, Mo.			

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



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.

Signed

Glenn H. Hill

Signed.....

Student Embalmer

Licensed Embalmer No.

4586

P. O. Address

Quondale, 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.