

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 30724
3620

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3620</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 0</u>		c. LENGTH OF STAY (In this place) <u>43 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		3/18	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPH'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1104 BENTON Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 22-1950</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>April-11-1884</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HEATER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHEFFIELD STEEL</u>		11. BIRTHPLACE (State or foreign country) <u>Winfield, Louisiana</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>HARRIET WILLIAMS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-05-4585</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HARRIET WILLIAMS, 1104 BENTON, K.C. Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a+c) <u>Acute + Chronic Endocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cardiac Decompensation</u> <u>Aortic Stenosis + insufficiency</u> <u>Cardiac Hypertrophy</u> DUE TO (c) <u>Chronic Passive Congestion</u> <u>Embolic Phenomena</u>					430	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operations</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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>7-19-</u> 1950, to <u>8-22-</u> 1950, that I last saw the deceased <u>alive on 8-21-</u> 1950, and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Harvey Jennett</u> (Degree or title) <u>J. Harvey Jennett, M.D.</u>				23b. ADDRESS <u>424 Prof. Bldg</u> <u>Kansas City Mo</u>		23c. DATE SIGNED <u>8-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>AUG. 24 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-23-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons, K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Doyle J. Daniel

Signed.....
Student Embalmer

Licensed Embalmer No. *4702*

P. O. Address *Kennett, 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.