

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23284
2855

State File No. _____
Registrar's No. _____

FILED AUG 4 1951

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) ?		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1617 E. 24th Street			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				3. NAME OF DECEASED a. (First) Edith (Type or Print) b. (Middle) Williams c. (Last) Williams					
4. DATE OF DEATH July 1, 1951		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced			
8. DATE OF BIRTH June 15, 1913		9. AGE (In years last birthday) 37.38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician		11. BIRTHPLACE (State or foreign country) Colorado			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Homer Reed			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Bertha Reed		14. NAME OF HUSBAND OR WIFE Marvin Williams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Charles Reed		ADDRESS 1617 E. 24th Street			
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) Papillary cystadenoma of ovary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of the ovary with extensive abdominal metastasis 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 175X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. ACCIDENT SUICIDE HOMICIDE		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.)			
21d. TIME OF INJURY		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>5-3</u> <u>19 51</u> , to <u>7-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-1</u> , 19 <u>51</u> , and that death occurred at <u>7:00a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE E. Frank				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 7-5-51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 6, 1951		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery, Kansas City		24d. LOCATION (City, town, or county) (State) Ms.			
DATE REC'D BY LOCAL REG 7-5-51		REGISTRAR'S SIGNATURE Seraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE Fannie G. Meek		ADDRESS Kansas City 8, 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.....
Student Embalmer

Signed Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, 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.