No. 300
10.48

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

FILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16870

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2377

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City 09321
d. STREET ADDRESS (If rural, give location): FIRST STREET

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): LUELLA
c. (Last): Williamson

4. DATE OF DEATH (Month) (Day) (Year): May 25 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPT-6-1876

9. AGE (In years last birthday): 75 yr. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

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): BOLIVAR MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DRUEY LEWIS ADLES

13b. MOTHER'S MAIDEN NAME: LAURA ANN JONES

14. NAME OF HUSBAND OR ~~WIFE~~: JOHN T. WILLIAMSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: MRS. ELLA MAE SANDERS
ADDRESS: 5326 SCARRITT KANSAS CITY 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tetanus - Head Tetanus Type — unknown
DUE TO (c) Seizon on arm + mouth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

061X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 093

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): /

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Appleton city, St. Clair, mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): about 5-14-52 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Bitten by a rooster

22. *I hereby certify that I attended the deceased from* May 21, 1952, *to* May 25, 1952, *that I last saw the deceased alive on* May 25, 1952, *and that death occurred at* 12:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Verner J. Ames (Degree or title): D.O.
Verner J. Ames

23b. ADDRESS: 926 E. 1146 St. Kansas City Missouri

23c. DATE SIGNED: May 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MAY 25.1952

24c. NAME OF CEMETERY OR ~~CREMATORY~~: HARMONY CEMETERY

24d. LOCATION (City, town, or county) (State): APPLETON CITY MISSOURI

DATE REC'D BY LOCAL REG.: 5-25-52

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newberry Funeral Home
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed John B Lewis

Licensed Embalmer No. 4875

P. O. Address KC 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.