S. No. 300
v. 10.48

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

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38022

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
c. LENGTH OF STAY (In this place): 1 year 5 m.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EXCELSIOR SPRINGS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
d. STREET ADDRESS (If rural, give location): 102 KANSAS CITY, AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): KATHERINE
b. (Middle): WILLIAMS
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): NOV. 19, 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: FEB. 19, 1909

9. AGE (In years last birthday): 43
If under 1 year: Months 9 Days 0
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): FORT SMITH, ARK

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

13a. FATHER'S NAME: SAM CRAWFORD

13b. MOTHER'S MAIDEN NAME: JOSEPHINE GIBBS

14. NAME OF HUSBAND OR WIFE: CHRISS WILLIAMS

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.: yes, not known

17. INFORMANT'S SIGNATURE OR NAME: Chriss Williams
ADDRESS: 102 Kansas City Ave. Excelsior Springs Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Caval obstruction — 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): Thrombophlebitis — 4 days

DUE TO (c): Congenital atresia or trauma — unk.

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:

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.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

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

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-15, 1952 *to* 11-19, 1952, *that I last saw the deceased alive on* 11-19, 1952 *and that death occurred at* 3:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dan Musgrave (Degree or title): M.D.

23b. ADDRESS: Excelsior Springs Mo

23c. DATE SIGNED: 11-20-52

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

24b. DATE: NOV. 21, 1952

24c. NAME OF CEMETERY OR CREMATORY: CROWN HILL CEMETERY

24d. LOCATION (City, town, or county) (State): EXCELSIOR SPRINGS, MO

DATE REC'D BY LOCAL REG.: 11-21-52

REGISTRAR'S SIGNATURE: Caroline Hutchings

25. FUNERAL DIRECTOR'S SIGNATURE: Hope Funeral Home by Virgil Hope
ADDRESS: Excelsior Springs, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs 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.