

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14640**

FILED JAN 17 1953

BIRTH NO. _____ REG. DIST. NO. **199** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5701**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write BURIAL and give township) Kansas City	d. STREET ADDRESS (If rural, give location) 514 1/2 Main 3078
d. FULL NAME OF HOSPITAL OR INSTITUTION 514 1/2 Main			
3. NAME OF DECEASED a. (First) Willie Lee b. (Middle) Williams c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 12-22-52	
5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 7-28-1910
9. AGE (In years and birthday) 42	10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Labourer	11. BIRTHPLACE (City and State or Foreign Country) Texas	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME L. K. Williams	13b. MOTHER'S MAIDEN NAME Nora Pagan	14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ---	16. SOCIAL SECURITY # 71-14-7595	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Louis Korvicka 120 E. 9th	
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) Cause of death unknown 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. 7955	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Post Refused		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural	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 _____, 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 Hugh H. Owens 3 (Degree or title)		23b. ADDRESS 1034 Piatts Bldg.	23c. DATE SIGNED 12-27-52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12-27-52	24c. NAME OF CEMETERY OR CREMATORY Stremond Tex	24d. LOCATION (City, town, or county) (State) KCMo
DATE REC'D BY LOCAL REG. 12-27-52	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Robert L. Loretan KCMo	

(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. Koptman

Licensed Embalmer No. 4273

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.