

FILED JAN 31 1953.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 404BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph)		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph <u>0117</u>	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location) 1306 Dewey Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1306 Dewey Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Lena b. (Middle) Kirkwood c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) January 24, 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH July 12, 1873		9. AGE (in years last birthday) 79		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 1 HR. 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 own home		11. BIRTHPLACE (State or foreign country) Red Oak, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME Harriett S. Kirkwood		14. NAME OF HUSBAND OR WIFE Elias J.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Alva K. Williams, Kansas City, Mo.		ADDRESS	
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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) Cerebral Apoplexy ANTECEDENT CAUSES Age Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 334X	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 24, 1953 to Jan 29, 1953, that I last saw the deceased alive on Jan 24, 1953, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Lenor Beck M.D.		(Degree or title)		23b. ADDRESS 1618 N. 3rd St.		23c. DATE SIGNED 1/27/1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/27/1953		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) St. Joseph, Missouri	
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DATE REC'D BY LOCAL REG. Jan 29, 1953		REGISTRAR'S SIGNATURE Carl C. Casto		25. FUNERAL DIRECTOR'S SIGNATURE Heaton - Baconman Funeral Home		ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

M. Beck

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 *Jameal Hawkins*

Licensed Embalmer No. 4535

P. O. Address 319 So 10 St. Jones

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.