

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14579

State File No. _____

FILED MAY 1 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 1800

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) unk
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 e. STREET ADDRESS (If rural, give location) 2215 Flora Avenue

3. NAME OF DECEASED a. (First) Chester b. (Middle) W c. (Last) Williams **4. DATE OF DEATH** (Month) (Day) (Year) 3 26 53

5. SEX Male **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** 9-29-86 **9. AGE** (In years last birthday) 66 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Unknown **11. BIRTHPLACE** (City and State or Foreign Country) Manhattan, Kansas **12. CITIZEN OF WHAT COUNTRY?** America

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown **10b. KIND OF BUSINESS OR INDUSTRY** unk **11. BIRTHPLACE** (City and State or Foreign Country) Manhattan, Kansas **12. CITIZEN OF WHAT COUNTRY?** America

13a. FATHER'S NAME L C Williams **13b. MOTHER'S MAIDEN NAME** Rosa Shields **14. NAME OF HUSBAND OR WIFE** _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown **16. SOCIAL SECURITY NO.** unk **17. INFORMANT'S SIGNATURE OR NAME** Maymie Shields **ADDRESS** 2106 E 24th Terr, Maymie Shields

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia
Inanition
ANTECEDENT CAUSES DUE TO (b) Residual colostomy following abdomino-perineal resection for Adenocarcinoma of the rectum.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 154X

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 building, etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **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 3-9-53, 1953, to 3-26-53, 1953, that I last saw the deceased alive on 3-26-53, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. Frank Ellis, MD **23b. ADDRESS** 600 East 222nd Street **23c. DATE SIGNED** 8-2-53

24. BURIAL, CREMATION, REMOVAL (Specify) _____ **24b. DATE** 4/2/1953 **24c. NAME OF CEMETERY OR CREMATORY** Westlawn **24d. LOCATION** (City, town, or county) (State) Kansas City, Mo

DATE REC'D BY LOCAL REG. 4-3-53 **REGISTRAR'S SIGNATURE** Maldine Smith **25. FUNERAL DIRECTOR'S SIGNATURE** Bugman & Jones **ADDRESS** P.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK

74
0874

74
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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 _____

Licensed Embalmer No. 4429

P. O. Address 57 00 2, 18'

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.