THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18331

FILED MAY 21 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2340

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): 4 mths
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hickman Mills 7000
d. STREET ADDRESS (If rural, give location): R.R. # 4-74TH & Raytown Road

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

4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Aug-7-1893
9. AGE (In years last birthday): 59 — 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): Vice President & Genl Mgr.
10b. KIND OF BUSINESS OR INDUSTRY: R.C.A. Distributing Corp.
11. BIRTHPLACE (City and State or Foreign Country): Orange, New Jersey
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Oliver Williams
13b. MOTHER'S MAIDEN NAME: Jennie Sprague
14. NAME OF HUSBAND OR WIFE: Mrs. Helen Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 137-05-4028
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Helen Williams — ADDRESS: 74TH & Raytown Road R.R. #4 - Hickman Mills 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 Cor. Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis
DUE TO (c) — 4201

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of Bladder — 2 yrs.

19a. DATE OF OPERATION: 12/12/52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder
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* 12/12/52, 19__, *to* 5/3/53, 19__, *that I last saw the deceased alive on* 5/3/53, 19__ *and that death occurred at* 5:02 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Harold Passman (Degree or title): Harold Passman MD
23b. ADDRESS: Prof Bldg
23c. DATE SIGNED: 5/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 5 1953
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Branford Connecticut

DATE REC'D BY LOCAL REG.: 5-5-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: O.H. Newcomer's Sons — ADDRESS: 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Chester L. Brown, Student Embalmer No. 476 working under my personal supervision.

Student Chester L. Brown
Student Embalmer

Signed Edward M. Stou

Licensed Embalmer No. H-452

P. O. Address K.C., Mo

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

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