

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21840

State File No. _____
Registrar's No. 265

FILED JUL 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>422 W. Mill St.</u>		e. STREET ADDRESS (If rural, give location) <u>422 W. Mill - 57 90⁰⁰</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline Elzouza</u> b. (Middle) <u>Williams</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.C.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 16, 1910</u>		9. AGE (In years last birthday) <u>43 yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Glasgow, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Dred Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Willie F. Wing</u>		14. NAME OF HUSBAND OR WIFE <u>James Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Marie Young - 422 W. Mill</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
		DUE TO (c) _____			
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>443X</u>	
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 5/5, 1953, to 6/22, 1953, that I last saw the deceased alive on 6/22, 1953, and that death occurred at 8:00 am., from the causes and on the date stated above.

23a. SIGNATURE (Legible or title) <u>George H. Craft, M.D.</u>		23b. ADDRESS <u>2204 E 18th St.</u>		23c. DATE SIGNED <u>6/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 23 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Maria 1415 E. Truman</u>			

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE _____
354-0 (Licensed Embalmer's Statement on Reverse Side) KIC. Mo

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Laudis L. Jackson*.....

Licensed Embalmer No. *483*.....

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.