

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25259

State File No.

44 074-53
FILED JUL 17 1953

3190

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

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 4 hrs. 25 min.		d. STREET ADDRESS (If rural, give location) 1001 E. Eleventh Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Tannalyn		b. (Middle) Sue	
c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 6 22 53	
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married. 0	8. DATE OF BIRTH 6-21-53
9. AGE (In years last birthday) —		10. IF UNDER 1 YEAR Months —	11. IF UNDER 24 HRS. Hours Min. 4 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Robert Williams	13b. MOTHER'S MAIDEN NAME Ella Gilstrap	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME <i>Ella Gilstrap Williams</i>	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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hr
	ANTECEDENT CAUSES DUE TO (b) Gestation 5 1/2 months Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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"/>
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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 6-21, 1953, to 6-22, 1953, that I last saw the deceased alive on 6-22, 1953 and that death occurred at 4:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <i>Myron D. Jones</i>	(Degree or title) D.O.	23b. ADDRESS 926 E 11th	23c. DATE SIGNED 6-22-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 6/22/53	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem	24d. LOCATION (City, town, or county) (State) Kansas City, MO
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DATE REC'D BY LOCAL REG. 6-22-53	REGISTRAR'S SIGNATURE <i>Sheldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Passantino Bros.</i>	ADDRESS 14 C. MO.
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Leonard Passanturo

Licensed Embalmer No.

4554

P. O. Address.....

Ke 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.