

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28943

State File No. 4010

FILED AUG 27 1953

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 MO b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) -		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 5th 3501 Baseo 3530	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Joseph Hosp				3. NAME OF DECEASED a. (First) Gladys b. (Middle) Millicent c. (Last) Williamson			
4. DATE OF DEATH Aug 10 1953		5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec 10 1903		9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY MFG-GARMENT	
11. BIRTHPLACE (City and State or Foreign Country) Rexford, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME John C. Cunningham		13b. MOTHER'S MAIDEN NAME - Munkres	
14. NAME OF HUSBAND OR WIFE -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. 491-05-9953		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Dorothy Cunningham 3501 Baseo N.C. Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sclerodema				ANTECEDENT CAUSES Morbid 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 years	
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) (Min)	
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 Jan 1953 to Aug 10, 1953, and that death occurred at 7:20 p. m., from the causes and on the date stated above.		23a. SIGNATURE Martin P. Hunter (Degree or title) M.D.	
23b. ADDRESS 1408 Waldwin Bldg		23c. DATE SIGNED 8/10/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-10-53	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Maysville, Mo		25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS		25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS	
25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS 8-11-53		25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS Geraldine Smith		25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS Belcher Mortuary		25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS Maysville, Mo	

(Licensed Embalmers' Statement on Reverse Side)

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

821 W
54th Terrace

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

John R. Sidman
Licensed Embalmer No. 4531
P. O. Address Kansas City, Mo.

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.