

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39352**
5219

79235
FILED NOV 19 1953

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

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| 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hosp</u> | | d. STREET ADDRESS (If rural, give location) <u>2605 Olive</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u> b. (Middle) _____ c. (Last) <u>Williamson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u> | 8. DATE OF BIRTH <u>Oct. 30, 1953</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>K.C. Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>James Akred</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Thelma Marie Gartin</u> | | 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) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Williamson</u> | | ADDRESS <u>-2605 Olive, K.C. MO.</u> | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature Delivery</u> DUE TO (c) <u>Undetermined</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>wgt. 1-1/2 - 12 oz.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>776X</u> |
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| | | |
|---|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ |
| 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 Oct. 30, 1953, to Oct 31, 1953, that I last saw the deceased alive on Oct. 31, 1953 and that death occurred at 6:40 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Marion W. Richardson</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>2526 Prospect</u> | 23c. DATE SIGNED <u>11/2/53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-5-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>LEEDS</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |

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| DATE REC'D BY LOCAL REG. <u>11-3-53</u> | REGISTRAR'S SIGNATURE <u>Staldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Lohmeyer</u> | ADDRESS <u>City Mortician</u> |
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WRITE PLAINLY—USING UNFADEING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.