

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43249****6069**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 Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellington 0540	
c. LENGTH OF STAY (In this place) 2 Wks.		d. STREET ADDRESS (If rural, give location) 2 Blks. South of Hiway #24	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kansas City Osteopathic			
3. NAME OF DECEASED a. (First) Hazel		b. (Middle) M.	
		c. (Last) Williams	
4. DATE OF DEATH December 25, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10, 1912
9. AGE (In years last birthday) 41		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Schools	
11. BIRTHPLACE (State or foreign country) Pettiegrew, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME W. F. Keck		13b. MOTHER'S MAIDEN NAME Amanda Dora Ogden	
14. NAME OF HUSBAND OR WIFE Harry W. Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Harry W. Williams		ADDRESS Wellington, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Deкомпensation	
		INTERVAL BETWEEN ONSET AND DEATH 18 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Regeneration 4 days	
		DUE TO (c) Surgical Shock 6 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 211 X	
19a. DATE OF OPERATION 12-18-53	19b. MAJOR FINDINGS OF OPERATION Intestinal Obstruction of Duodenum by Benign Tumor Involving Duodenum, Ampulla Vateri, head of pancreas		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2	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 <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 12-15 , 19 52 , to 12-25 , 19 53 , that I last saw the deceased alive on 12-25 , 19 53 , and that death occurred at 304 1/2 39th St. from the causes and on the date stated above.			
23a. SIGNATURE D. D. Ambruster (Degree or title)		23b. ADDRESS Pa. 2 Wellington, 2776	
23c. DATE SIGNED 12-26-53			
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 12/27, 1953	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri
DATE REC'D BY LOCAL REG. 12-26-53	REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Sheppard ADDRESS Wellington, Missouri

(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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *J. Clair Shippard*
Student Embalmer No.
Licensed Embalmer No. *4179*

P. O. Address *Wellington, 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.