

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43299

State File No.

487

No. 300
10.48

FILED JAN 8 1954

BIRTH NO. 95371 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No.

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>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner</u>	
c. LENGTH OF STAY (In this place) <u>2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>7000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>unnamed</u> b. (Middle) <u>baby boy</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22, 1953</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Dec. 22, 1953</u>	9. AGE (In years last birthday) <u>0</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HRS. <u>2</u>	13. MIN. <u>20</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>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Roy B. Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Peggy Ann Allensworth</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy B. Williams, Buckner, Mo.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>anoxia</u> DUE TO (c) <u>Prematurity (6 months gestation)</u>		
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 <u>7735</u>	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 240AM 12/22, 1953, to 400AM 12/23, 1953, that I last saw the deceased alive on 12/22, 1953, and that death occurred at 400A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold V Woods M.D.</u>	23b. ADDRESS <u>Independence, Mo</u>	23c. DATE SIGNED <u>12/24/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-23-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rob. Larson</u>	ADDRESS <u>Independence, Mo.</u>
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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 _____

was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Richard P. Francis

Licensed Embalmer No. *4863*

P. O. Address *Indep., 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.