

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23196
Registrar's No. 2992

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <i>2 years</i>		e. STREET ADDRESS (If rural, give location) <i>62 South 15th St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mallot Nursing Home</i>			

3. NAME OF DECEASED (Type or Print) <i>Mrs. Margaret Lloyd Williams</i>	a. (First) <i>3217 Cleveland</i>	b. (Middle) <i>KC Mo.</i>	c. (Last) <i>Williams</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>6-30-54</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1-8-1869</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Wales</i>	12. CITIZEN OF WHAT COUNTRY? <i>US</i>
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13a. FATHER'S NAME <i>William Davis</i>	13b. MOTHER'S MAIDEN NAME <i>Ann Margaret Rollins</i>	14. NAME OF HUSBAND OR WIFE <i>Mr. Richard E. Williams deceased</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	(If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr. Robert E. Williams, Kansas City, Ks.</i>
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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>332 X'</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrovascular thrombosis</i>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>ARTERIO Sclerosis</i>		
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) (m.)	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 *6-29*, 19*54*, to *6-30*, 19*54*, that I last saw the deceased alive on *6-29*, 19*54* and that death occurred at *1:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>David Waxman</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>4802 project</i>	23c. DATE SIGNED <i>6-30-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>7-2-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Evergreen Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Emporia, Kansas</i>
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DATE REC'D BY LOCAL REG. <i>6-30-54</i>	REGISTRAR'S SIGNATURE <i>Sheraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ralph A. Fulton, Kansas City, Kans.</i>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *R. A. Fulton*

Licensed Embalmer No... *303*

P. O. Address

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**