

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23304

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 184

## 1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission).

a. STATE

California

b. COUNTY Los Angeles

b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Prairie Township

c. LENGTH OF STAY (in this place) 4 1/2 yrs.

c. CITY OR TOWN Compton

d. Is Residence within limits of a city or incorporated town? Yes  No 

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cedercroft N.H. 75 &amp; Lee's Summit Rd.

No. STREET ADDRESS (If rural, give location) 307 S. Oleander

80408

3. NAME OF DECEASED (Type or Print)

a. (First) KATE

b. (Middle) -----

c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) July 20, 1954

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH

March 21, 1877

9. AGE (In years last birthday) 77

10. UNDER 1 YEAR Months Days

11. UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurse

10b. KIND OF BUSINESS OR INDUSTRY hospital

11. BIRTHPLACE (City and State or Foreign Country) Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME

James S. Williams

13b. MOTHER'S MAIDEN NAME

Melissa Ann Walker

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) no

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME Mrs. Effie Berger, RFD #1, Hickman Mills, Mo.

ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Central Vascular accident

## MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

5 years

DUE TO (c) Bronchial asthma

20 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Bronchial asthma

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY? YES  NO 

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

(Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none

21c. (CITY, TOWN, OR TOWNSHIP) 4200

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from Aug 2, 1954, to July 20, 1954, that I last saw the deceased alive on July 18, 1954, and that death occurred at 10:4 m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS 18 East 2nd

23c. DATE SIGNED 7-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation &amp;

24b. DATE 7-20-54

24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory

24d. LOCATION (City, town, or county) Kansas City, Missouri

(State)

DATE REC'D BY LOCAL REG. AUG 2 1954

REGISTRAR'S SIGNATURE

Elyse H. Bridget

25. FUNERAL DIRECTOR'S SIGNATURE STINE &amp; McCURE UND. CO.

ADDRESS K.C.MO.

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

No. 300  
10-48

Dr. Wm. Bell  
19 E. 3rd St.  
Lee's Summit

Exp - 10:30 A.M.

**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 *Eugene T. Ferris*

Licensed Embalmer No. *467*  
P. O. Address *Levona, Okla.*

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.