

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19048

State File No. _____

FILED JUN 16 1955		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2230</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 50 Yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1				STREET ADDRESS (If rural, give location) 6813 E. 13th				3218	
3. NAME OF DECEASED (Type or Print) a. (First) Sarah			b. (Middle) Margaret			c. (Last) Williams			
4. DATE OF DEATH (Month) (Day) (Year) 5 21 55			5. SEX Female			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH 3/10/65			9. AGE (In years last birthday) 90			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife			11. BIRTHPLACE (City and State or Foreign Country) Cedar Co., Mo.			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Calvin Eason			13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE George Williams			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME E. Stewart			18. ADDRESS 7772 SniBar Cut Off			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Bronchopneumonia			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH			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 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 <u>5/17/1955</u> , to <u>5/21/1955</u> , that I last saw the deceased alive on <u>5/21/55</u> , and that death occurred at <u>7:00a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE B.I. Burns (Degree or title) M.D.			23b. ADDRESS 24th and Cherry			23c. DATE SIGNED 5/21/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 24 May 55			24c. NAME OF CEMETERY OR CREMATORY Floral Hills			
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			25. FUNERAL DIRECTOR'S SIGNATURE Floral Hills Memorial Chapels K.C. Mo.			25. ADDRESS Floral Hills Memorial Chapels K.C. Mo.			
DATE REC'D BY LOCAL REG. 5-23-55			REGISTRAR'S SIGNATURE Neva Marshall			25. ADDRESS Floral Hills Memorial Chapels K.C. Mo.			

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 *Lloyd C. McCard*.....

Licensed Embalmer No. *485*.....

P. O. Address *71 C.*.....

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.