

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40976

State File No. ....

FILED JAN 11 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5685</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>20 Yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>General Hospital #2</b>				e. STREET ADDRESS (If rural, give location) <b>1821 Lydia Ave.</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Maude</b>		b. (Middle) <b>Williams</b>		c. (Last) <b>Williams</b>			
4. DATE OF DEATH		(Month) <b>12</b>		(Day) <b>28</b>		(Year) <b>1955</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unknown</b>		8. DATE OF BIRTH <b>Oct. 17 1886</b>			
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>0</b>		IF UNDER 1 YEAR Days <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Independence, Mo.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>									
13a. FATHER'S NAME <b>Moscoe Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Woods</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elion Lacy</b>					
				ADDRESS <b>1821 Lydia Ave</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary congestion &amp; edema</b>				DUE TO (b) <b>Cerebral vascular accident.</b>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								331	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <u>12-26-55</u> , 19 <u>  </u> , to <u>12-28-55</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>12-28-55</u> , 19 <u>  </u> , and that death occurred at <u>5:50 a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>E. Frank Ellis</b>				(Degree or title) <b>MD</b>		23b. ADDRESS <b>600 E. 22nd St.</b>		23c. DATE SIGNED <b>12-28-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-30-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>			
DATE REC'D BY LOCAL REG. <b>12-28-55</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Manlove &amp; Williams</b>		ADDRESS <b>1729 Lydia.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *D J Manlove*

Licensed Embalmer No. *399*

P. O. Address *3712 E.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.