

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13570**
Registrar's No. **1397**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1397</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Platte</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>7 wks</u>		c. CITY OR TOWN <u>Parkville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research</u>				* STREET ADDRESS (If rural, give location) <u>RFD. 2 Bx 261 0830</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>Ethel</u> c. (Last) <u>Williamson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 31-1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 12, 1922</u>		
9. AGE (In years last birthday) <u>33 3/4</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dr. assistant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>medical Dr.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Fred M. Starr</u>			13b. MOTHER'S MAIDEN NAME <u>Etta Shall.</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Williamson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-10-1756</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Williamson</u> ADDRESS <u>Parkville, mo</u>				
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, ashenia, etc.: It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coccarium of Lungs, Primary</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>162X'</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Pneumonia</u>								
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>2/7</u> , 19 <u>53</u> , to <u>3/31</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/30</u> , 19 <u>56</u> , and that death occurred at <u>1:45</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Ethlen Jennings</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>North KC R.D. 4 mo</u>		23c. DATE SIGNED <u>3/31/56</u>		
24a. BURIAL CREMATION (REMOVAL) <u>Burial</u>		24b. DATE <u>Apr-2-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville - mo</u>		
DATE REC'D BY LOCAL REG. <u>3.31.56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Claud H. Francis</u> ADDRESS <u>Parkville Mo</u>				

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

4561 82 NDR
Sh 1-0251

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 *Leland H. Francis*.....

Licensed Embalmer No. *34*.....

P. O. Address *Parkville*.....

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.