FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8966 1212

886 0/60.570-56 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 914 Michigan — Length of stay in Ib 8 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 914 Michigan — Reside on Farm Yes ☐ No ☐

178

3. NAME OF DECEASED (Type or print) First Karen Middle Last Williams
4. DATE OF DEATH Month Day Year Feb. 28, 1957
5. SEX Female 3
6. COLOR OR RACE Col.
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH ~~June~~ 16, 1956
9. AGE (In years ~~Last birthday~~) ~~8 months~~ IF UNDER 1 YEAR Months 8 Days 12 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Robert Williams
14. MOTHER'S MAIDEN NAME Thelma Fay Bell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Rosie Collier Address 1319 Forest

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Visceral congestion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) interstitial pneumonitis (Viral etiology ?)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 525X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. M. Tillman M.D. Deputy Coroner 3
22b. ADDRESS 1618 Sydney Ave.
22c. DATE SIGNED 3/15/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 17, '57
23c. NAME OF CEMETERY OR CREMATORY Lincoln
23d. LOCATION (City, town, or county) (State) Jackson County

24. FUNERAL DIRECTOR BADEAU, APPLETON, JONES ADDRESS 1905 VINE
25. DATE RECD. BY LOCAL REG. 3-16-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

Death, stillbirth, or fetal death certificate must be filed within 24 hours. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Consuelo Gladys B

Licensed Embalmer No. 49

P. O. Address K. C., W

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