V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13603

FILED APR 19 1957

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greenwood
c. LENGTH OF STAY (in this place) 16 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greenwood
d. STREET ADDRESS (If rural, give location) Town 70 00

3. NAME OF DECEASED (Type or Print) a. (First) Velma b. (Middle) Mae c. (Last) Williams

4. DATE OF DEATH (Month) April (Day) 14 (Year) 1957

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 4 1906
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Jackson County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Cox
13b. MOTHER'S MAIDEN NAME Claude Franklin
14. NAME OF HUSBAND OR WIFE Albert Williams

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. 490-30-3066
17. INFORMANT'S SIGNATURE OR NAME Albert Williams ADDRESS Greenwood Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant hypertension with uremia — INTERVAL BETWEEN ONSET AND DEATH 1 Year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 445X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 31 Mar, 1957, *to* 14 April, 1957, *that I last saw the deceased alive on* 13 April, 1957; *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE A W Eklund M.D. (Degree or title)
23b. ADDRESS Pleasant Hill, Mo
23c. DATE SIGNED 4-14-57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 4/16/1957
24c. NAME OF CEMETERY OR CREMATORY Lee's Summit
24d. LOCATION (City, town, or county) (State) Lee's Summit Mo.

DATE REC'D BY LOCAL REG. 4-15-1957
REGISTRAR'S SIGNATURE F. B. Langsford
25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home ADDRESS Lee's Summit Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

483 0

RECEIVED

APR 18 1957

OCT 2 1957

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 .....
Student Embalmer

Signed M. B. Langsford

Licensed Embalmer No. 3833

P. O. Address Lees Summit Mo.

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 this body is not embalmed, fact should be so stated above.