

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025874

State File No.

FILED JUL 25 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3274

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) 22 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 Wheatley Provident Hosp.		STREET ADDRESS (If rural, give location) 2633 Montgall	
3. NAME OF DECEASED (Type or Print) a. (First) Rodgie b. (Middle) Leona c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) June 30, 1958	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 31, 1902
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Work	11. BIRTHPLACE (City and State or Foreign Country) Italy, Texas
10b. KIND OF BUSINESS OR INDUSTRY Private Family		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gilbert Sims		13b. MOTHER'S MAIDEN NAME Fannie Coffee	
14. NAME OF HUSBAND OR WIFE Clifford Williams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 488-36-0873		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Odell Carey, 3332 Park Ave., K.C. 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) Carcinoma of Cecum INTERVAL BETWEEN ONSET AND DEATH 3 months 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. 1530	
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>March</u> , 19 <u>58</u> , to <u>June 30</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>6-30</u> , 19 <u>58</u> , and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE J. M. Walden (Degree or title) M.D.		23b. ADDRESS 2204 A O St	
23c. DATE SIGNED 7-1-58		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 7-5-1958		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cem.	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Meek's Mortuary, K.C. Mo.	
DATE REC'D BY LOCAL REG. 7-2-58		REGISTRAR'S SIGNATURE Neva Marshall	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. M. Walden

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 *Hazel M. H. Hendry*.....

Licensed Embalmer No. *4943*

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.