S. No. 300
v. 10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1950

State File No. 26365

BIRTH NO. 34939-50 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 0289 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nashua
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JCT. Hiways 169 & 71 By Pass

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): Kansas City 3148
d. STREET ADDRESS (If rural, give location): 1316 Harrison 1

3. NAME OF DECEASED (Type or Print)
a. (First): Dorothy
b. (Middle): Lee
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): Aug. 1 1950

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: May-31-50
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2 Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas City MO 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Elmore Williams
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Elmo Williams
ADDRESS: 1316 Harrison

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): Crushed Head

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile Accident Two
DUE TO (c): Cars ran together throwing

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Baby out.

INTERVAL BETWEEN ONSET AND DEATH

E8106

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION: 024
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Jct Hiwy 169-71
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clay MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 1 50 8A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto Accident Two Car Crash

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O S Pate MD Coroner
23b. ADDRESS: North Kansas City MO
23c. DATE SIGNED: 8/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-3-50
24c. NAME OF CEMETERY OR CREMATORY: Lied Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Jackson MO

DATE REC'D BY LOCAL REG.: Aug 2-1950
REGISTRAR'S SIGNATURE: Beulah Kitchen 63
25. FUNERAL DIRECTOR'S SIGNATURE: Wm A Lohmeyer
ADDRESS: 15 C MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 7 1980
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Not Embalmed, working under my personal supervision.

Student Embalmer No.....

Signed Wm A Lohmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3089

P. O. Address IC 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.