

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33783**
4385

FILED NOV 4 1950

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

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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 7 MONTHS	c. CITY OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 4736 VIRGINIA AVENUE
d. FULL NAME OF HOSPITAL OR INSTITUTION CAMPBELL NURSING HOME			d. STREET ADDRESS (If rural, give location) 4736 VIRGINIA AVENUE		
3. NAME OF DECEASED a. (First) EMMA b. (Middle) ELIZABETH c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 31, 1870		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FREDERICK KAUTZ		13b. MOTHER'S MAIDEN NAME DOROTHY DECKER		14. NAME OF HUSBAND OR WIFE CHARLES A. WILLIAMS SR.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME CHARLES A. WILLIAMS, SR. ADDRESS 4736 VIRGINIA	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			3317
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) Essential Hypertension			
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			20. AUTOPSY? YES <input 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) (Min.)			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 Sept. 30, 1950, to Oct. 10, 1950, that I last saw the deceased alive on Oct. 10, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Edward C. Teubel (Degree or title) M.D.		23b. ADDRESS 4304 Troost		23c. DATE SIGNED Oct 16 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 16, 1950	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 10-16-50		REGISTRAR'S SIGNATURE Seraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE J. H. Newcomer's Sons ADDRESS 1321 Brush Creek Kansas City, Mo.	

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

4770001

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed Edward M. Storey

Signed.....

Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K.C. 4120

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.