S. No. 300
v. 10-48

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

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12947

BIRTH NO. 74 51 7-50 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buckner
c. LENGTH OF STAY (In this place): 4mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Her own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buckner Ft. Osage, Rural 0
d. STREET ADDRESS (If rural, give location): South of Town, 1 mile

3. NAME OF DECEASED (Type or Print): a. (First) Wanda b. (Middle) Lee c. (Last) Williamson
4. DATE OF DEATH (Month) (Day) (Year): March 24, 1951
5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): babe- single
8. DATE OF BIRTH: October 31, '50
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 4 Days m25 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): babe
10b. KIND OF BUSINESS OR INDUSTRY: babe
11. BIRTHPLACE (State or foreign country): Kansas City, Mo. (NE. H.)
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Burt K. Williamson
13b. MOTHER'S MAIDEN NAME: Anna Elba Rhodes
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mr. Burt K. Williamson, ADDRESS: Buckner, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

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

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
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* Feb. 3, 1951, *to* March 24, 1951, *that I last saw the deceased alive on* March 25, 1951, *and that death occurred at* 12:35 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: L. W. Higgins (Degree or title) DO
23b. ADDRESS: Buckner Missouri
23c. DATE SIGNED: March 24 '51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mch. 25. '51
24c. NAME OF CEMETERY OR CREMATORY: Buckner Hill Cemetery
24d. LOCATION (City, town, or county) (State): Buckner, Mo.

DATE REC'D BY LOCAL REG.: Mar. 25-1951
REGISTRAR'S SIGNATURE: James A. Daily
25. FUNERAL DIRECTOR'S SIGNATURE: Vernon M. Keppert
ADDRESS: Buckner, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 19 RECD

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~~ and

..... Student Embalmer No. 410

working under my personal supervision

Student Curtis E. Lutman
Student Embalmer

Signed Vernon M. Keppert

Licensed Embalmer No. 3441

P. O. Address Buckner, 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.