

FILED MAY 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16889
1991

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 Clinton				
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (In this place) 1 Wk.		c. CITY (If outside corporate limits, write RURAL and give township) Turney		0250		
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteo. Hosp.				d. STREET ADDRESS (If rural, give location) Rural				
3. NAME OF DECEASED (Type or Print) a. (First) Emma			b. (Middle) G.		c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) May 7, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 21, 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days 3 16	IF UNDER 48 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Clinton County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thos. J. Williams			13b. MOTHER'S MAIDEN NAME Mary Starboard		14. NAME OF HUSBAND OR WIFE Never Married			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph W. Williams, Turney, 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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pending further Exam ACUTE CIRCULATORY FAILURE FROM SENSITIVITY TO LOCAL ANAESTHETIC AGENT DUE TO (b) MIXED TUMOR of the PAROTID GLAND (SUPPL.) REPORT DUE TO (c) GLAND (SUPPL.) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
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 _____, 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 Geo. C. Kealhofer (Degree or title) Pres & Secy of H.A. Deputy Coroner				23b. ADDRESS 4050 Broadway NE 2nd		23c. DATE SIGNED 5-7-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-7-51		24c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery		24d. LOCATION (City, town, or county) (State) Lathrop, Mo.		
DATE REC'D BY LOCAL REG. 5-8-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eyarl		ADDRESS 1800 Linwood, K.C., Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

1967 97 701

STATEMENT BY LICENSED EMBALMER

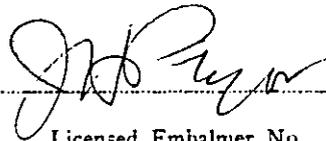
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. _____

P. O. Address _____

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.