

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33489

State File No. 4201

4201

1951 OCT 20 1951

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City Mo</b>	c. LENGTH OF STAY (In this place) <b>3mo</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Conv. Home 3240 Norledge</b>		d. STREET ADDRESS (If rural, give location) <b>9752 Winner Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MRS. GRACE</b> b. (Middle) <b>WILLIAMS</b> c. (Last) <b>CLEVELAND</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 2, 1951</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 13, 1894</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Linn County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>David L. Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Lottie Nervell</b>		14. NAME OF HUSBAND OR WIFE <b>Arthur Cleveland Dec.</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Warren Douglas</b>		ADDRESS <b>Indep Mo</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Parkinson Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
	ANTECEDENT CAUSES Morbidity 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.			<b>350X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Sept -, 1948, to OCT, 1951, that I last saw the deceased alive on Sept 29, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>G. S. Sander M D</b> (Degree or title)		23b. ADDRESS <b>Independence</b>		23c. DATE SIGNED <b>10-2-51</b>	
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 4, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olive</b>	24d. LOCATION (City, town, or county) (State) <b>Linn Co. Near Meadville, Mo</b>		
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DATE REC'D BY LOCAL REG. <b>10-3-51</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. Mitchell Indep. Mo.</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independ. 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.