No. 300
10.48

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

FILED FEB 2 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1573

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 252

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 43 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6000 TRACY AVENUE

**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
d. STREET ADDRESS (If rural, give location): 6000 TRACY AVENUE

**3. NAME OF DECEASED** (Type or Print)
a. (First): ROSE
b. (Middle): M.
c. (Last): WILLIAMS

**4. DATE OF DEATH** (Month) (Day) (Year): JAN. 14. 1952

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: AUG. 9. 1885
**9. AGE** (In years last birthday): 66
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): CLERK
**10b. KIND OF BUSINESS OR INDUSTRY**: CROWN DRUG CO.
**11. BIRTHPLACE** (State or foreign country): RAWLINS COUNTY, KANSAS
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: JOHN MAYNER
**13b. MOTHER'S MAIDEN NAME**: ELIZABETH MACHER
**14. NAME OF HUSBAND OR WIFE**: RALPH R. WILLIAMS

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): --
**16. SOCIAL SECURITY NO.**: 491-20-4698
**17. INFORMANT'S SIGNATURE OR NAME**: MISS CAMILLA WILLIAMS (Mayner)
ADDRESS: 6000 TRACY AVE. KANSAS CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar Pneumonia

ANTECEDENT CAUSES
*Morbid 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:* Large Ovarian Cyst

INTERVAL BETWEEN ONSET AND DEATH: 4 days

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☒ NO ☐

**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify): Natural
**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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 8:50 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Hugh H. Owens (Degree or title): Hugh H. Owens Coroner
**23b. ADDRESS**: 1134 Rialto Bldg.
**23c. DATE SIGNED**: 1-14-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): CREMATION
**24b. DATE**: JAN. 16. 1952
**24c. NAME OF CEMETERY OR CREMATORY**: D.W. NEWCOMER'S SONS
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 1-16-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: D.W. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Student Embalmer

Signed Bernard L. Horan

Licensed Embalmer No. 4250

P. O. Address B C 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.**