

No. 300  
10. 48

FILED OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31932  
4055

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>2 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL # 2</b>				d. STREET ADDRESS (If rural, give location) <b>2213 KANSAS</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b>			b. (Middle) <b>*****</b>		c. (Last) <b>WILLIAMS JR.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPTEMBER 10, 1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>JANUARY 4, 1950</b>	9. AGE (In years last birthday) <b>2</b>	if UNDER 1 YEAR Months Days	if UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>EARL WILLIAMS SR.</b>			13b. MOTHER'S MAIDEN NAME <b>IZETTA HOGG</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EARL WILLIAMS SR. 2213 KANSAS</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.							
<b>MEDICAL CERTIFICATION</b>							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UPPER RESPIRATORY INFECTION, ACUTE.</b>		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) <b>interstitial pneumonitis</b>							
DUE TO (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CEREBRAL EDEMA</b> <b>PULMONARY CONGESTION</b>							
19a. DATE OF OPERATION <b>NONE</b>		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) (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 <u>9-9-52</u> , 19 <u>  </u> , to <u>9-10</u> , 19 <u>  </u> 52, that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>9-10-52</u> , 19 <u>  </u> , and that death occurred at <u>7:40 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE OF REGISTRAR <b>Frank Elliot MD</b>				23b. ADDRESS <b>600 E. 22ND. STREET</b>		23c. DATE SIGNED <b>9-12-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/13/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG <b>9-13-52</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Bros. 18th &amp; Benton</b>			

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

(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *Bruce R. Watkins* .....

Licensed Embalmer No. *4500* .....

P. O. Address *18<sup>th</sup> & Benton* .....

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.