

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6402**
226

No. 300
10.48

FILED FEB 18 1953

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

| | | | |
|--|---------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>4 weeks</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | d. STREET ADDRESS (If rural, give location) <u>1904 S. Missouri</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4221 Wayne</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>BELL</u> c. (Last) <u>WILLIAMS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 14 - 53</u> | |
| 5. SEX <u>Fe</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov. 24, 1865</u> |
| 9. AGE (In years last birthday) <u>87</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Marion Maker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Marion Baker</u> | |
| 13c. NAME OF HUSBAND OR WIFE <u>Alma P. Williams</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Emory H. Williams, Little Rock, Ark</u> | | ADDRESS _____ | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Breast</u> 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 <input type="checkbox"/> NO <input checked="" 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 <u>Oct</u> , 19 <u>52</u> , to <u>Jan 14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 13</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Wm. R. Jackson</u> (Degree or title) _____ | | 23b. ADDRESS <u>1107 Baymont Bldg</u> | |
| 23c. DATE SIGNED <u>1/14/53</u> | | | |
| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u> | | 24b. DATE <u>Jan. 16. 53</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 24d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>1-15-53</u> REGISTRAR'S SIGNATURE <u>Heraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Eckert</u> ADDRESS <u>Sedalia, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

DW Jackson

FEB 18 1953

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 _____

DW Jackson

Licensed Embalmer No. 3470

P. O. Address Salida Md

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.