

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14582

State File No.

2233

29874
DIED MAY 13 1953

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 Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (In this place) 28 hrs		d. STREET ADDRESS (If rural, give location) Route 3 Box 483	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Osteopathic			

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) Marie c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) 4 28 53		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT 0	8. DATE OF BIRTH 4-26-53	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? Amer					

13a. FATHER'S NAME Elmer Dean Williams	13b. MOTHER'S MAIDEN NAME Elizabeth Anne Campbell	14. NAME OF HUSBAND OR WIFE
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. NO	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Williams
		ADDRESS INDEP. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		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) _____ 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 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 **4/26**, 19**53**, to **4/28**, 19**53**, that I last saw the deceased alive on **4/27**, 19**53**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Fred J. Zammar	(Degree or title)	23b. ADDRESS Independence, Mo	23c. DATE SIGNED 4/28/53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4/29/53	24c. NAME OF CEMETERY OR CREMATORY Mc. Oliver	24d. LOCATION (City, town, or county) (State) K.C. Mo.
DATE REC'D BY LOCAL REG. 4-28-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE John P. Skel	
		ADDRESS K.C. Mo.	

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 *Richard C. Carroll.*

Signed.....
Student Embalmer

Licensed Embalmer No. *4829*

P. O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.