

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

State File No. **25256**
3760
Registrar's No.

FILED AUG 13 1953

BIRTH NO. FILED AUG 13 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. If residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>11 years</u>		e. STREET ADDRESS (If rural, give location) <u>3608 4411 Monroe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>		3. NAME OF DECEASED a. (First) <u>IRMA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>WILLIAMS</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>October 14, 1930</u>
9. AGE (In years last birthday) <u>22</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kingsville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
13a. FATHER'S NAME <u>Leslie M Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Lattie B Paul</u>	16. SOCIAL SECURITY NO. <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leslie M Williams</u>	ADDRESS <u>3950 Newington</u>	

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>Fracture Tibia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>29030</u> <u>20</u>
		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. <u>Severe Eczema due to Allergy</u>		
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Jackson, Mo.</u> (STATE) <u>MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-12-1953^m</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell on floor.</u>

22. I hereby certify that I attended the deceased from February 12, 1953, to July 28, 1953, that I last saw the deceased alive on July 28, 1953, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Campbell C. Mc Cullough Jr.</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Argyle Bldg. K.C. Mo</u>	23c. DATE SIGNED <u>7-28-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Halden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Halden Missouri</u>
DATE REC'D BY LOCAL REG. <u>7-29-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kilker Funeral Home</u>	ADDRESS <u>2315 Dunwood</u>

1826-111-
Cynthia Betty

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.....
Signature of Student Embalmer

Signed *Chas E. Wilks*.....

Licensed Embalmer No. *264*.....

P. O. Address *Kansas City*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.