No. 300
0.48

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

FILED DEC 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39348

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5455

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) 2 WK.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI
b. COUNTY CLINTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LATHROP
d. STREET ADDRESS (If rural, give location) 0250

3. NAME OF DECEASED (Type or Print)
a. (First) EARL
b. (Middle) H
c. (Last) WILLIAMS

4. DATE OF DEATH (Month) 11 (Day) 15 (Year) 53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 1/12/88

9. AGE (In years last birthday) 65 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work most during most of working life, even if retired) RAILROAD SWITCHMAN

10b. KIND OF BUSINESS OR INDUSTRY R.R.

11. BIRTHPLACE (State or foreign country) PARSONS KAN.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME GEORGE T. WILLIAMS

13b. MOTHER'S MAIDEN NAME SARAH WILSON

14. NAME OF HUSBAND OR WIFE RUTH ADAMS WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Williams, ADDRESS Lathrop 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) GENERALISED CHRONIC PASSIVE CONGESTION OF VISCERA — 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) EMPHYSEMA - BILATERAL
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. GENERALISED CACHEXIA — 153X

19a. DATE OF OPERATION 11/10/53

19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF SIGMOID COLON

20. AUTOPSY? YES ☑ NO ☐

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) 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* 10/30, 1953, *to* Nov. 15, 1953, *that I last saw the deceased alive on* Nov 13, 1953, *and that death occurred at* 7:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE A. W. Robinson (Degree or title) MD.

23b. ADDRESS 4635 Wyandotte Kc Mo

23c. DATE SIGNED Nov 15, '53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-18-53

24c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery

24d. LOCATION (City, town, or county) Lathrop (State) Mo

DATE REC'D BY LOCAL REG. 11-17-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE W. Max Crunk Cameron, Mo ADDRESS

(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 Harold L. Weaver

Licensed Embalmer No. 4858

P. O. Address Lathrop, Mo.

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

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