

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39351**  
**5540**

FILED DEC 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** 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) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>4 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2103 Bellview</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		e. STREET ADDRESS (If rural, give location) <b>2103 Bellview</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Willie</b> b. (Middle) _____ c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1953</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 1, 1919</b>		9. AGE (In years last birthday) Months Days <b>34</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>General Mills</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Jacksonville, Arkansas</b>			

13a. FATHER'S NAME <b>Willie Williams</b>			13b. MOTHER'S MAIDEN NAME <b>Mateldia Pool</b>			14. NAME OF HUSBAND OR WIFE <b>Louise Williams</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>432-09-6185</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louise Williams</b>		ADDRESS <b>2103 Bellview</b>	
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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) <b>Violent Trauma</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>Fracture-Dislocation of Pelvis, right leg</b>							
		DUE TO (c) <b>diffuse subcutaneous hemorrhage</b>							
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>Shock</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E9 113</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Genl Mills R.R. yards</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11 18 1953 a.m.</b>				21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>mashed between Box Cars, R.R.</b>					

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Deputy Coroner J.M. Tillman</b> (Degree or title) <b>M.D.S.</b>			23b. ADDRESS <b>1618 Lydia Ave.</b>			23c. DATE SIGNED <b>11/21/53</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11/23/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>—</b>		24d. LOCATION (City, town, or county) (State) <b>Ft. Leavenworth Kansas</b>			
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DATE REC'D BY LOCAL REG <b>11-23-53</b>		REGISTRAR'S SIGNATURE <b>Staldine Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Wood</b>			ADDRESS <b>1824 Benton</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Handwritten notes:*  
2-11-54  
3-1-54  
3-1-54

**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 H. Madonia*

Licensed Embalmer No. *24500*

P. O. Address *1804 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.