

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

**43250**

State File No. \_\_\_\_\_

**5818**

**FILED DEC 29 1953**

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

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Jackson</u>			a. STATE <u>Mo.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			b. COUNTY <u>Jackson</u>		
c. LENGTH OF STAY (in this place) <u>36 years</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>80 5715 Euclid</u>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>HELEN</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Williams</u>	(Month) <u>12</u>	(Day) <u>10</u>	(Year) <u>53</u>
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 4, 1909</u>		<b>9. AGE</b> (In years, last birthday) <u>44 years</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>at home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Neodesha, Kansas</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>					

<b>13a. FATHER'S NAME</b> <u>John J. Barry</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ann Doherty</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lawrence S. Williams</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>No</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Lawrence S. Williams</u>	<b>ADDRESS</b> <u>5715 Euclid</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 mo.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Generalized Carcinomatosis</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Carcinoma of Breast (left)</u>  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  <u>170X</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 10-16, 1953, to 12-10, 1953, that I last saw the deceased alive on 12-10, 1953, and that death occurred at 12:20 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Joseph H. Printz M.D.</u> (Degree or title)	<b>23b. ADDRESS</b> <u>1103 Grand</u>	<b>23c. DATE SIGNED</b> <u>12-12-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Dec 14, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Olivet</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>K. C. MO.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-13-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Thos. E. Quirk</u>	<b>ADDRESS</b> <u>4316 Troost Ave.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

MAR 28 1954

MAR 9 1954

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 \_\_\_\_\_

*Thomas E. Quinn*

Licensed Embalmer No. \_\_\_\_\_

3775  
A. E. M.

P. O. Address \_\_\_\_\_

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.