

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16250

1882

BIRTH NO. 23582-54 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) OR TOWN Kansas City

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

STREET ADDRESS (If rural, give location) 1715 Harrison Avenue 2218

3. NAME OF DECEASED (Type or Print)
a. (First) (Infant) b. (Middle) 0 c. (Last) Williams

4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 1954

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Colored single

8. DATE OF BIRTH 4-18-54

9. AGE (In years last birthday) 3 IF UNDER 1 YEAR 3 Days IF UNDER 24 HRS. 0 Hours 0 Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kansas City Missouri

12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Oscar Williams

13b. MOTHER'S MAIDEN NAME Mary Stovall

14. NAME OF HUSBAND OR WIFE none

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 ADDRESS Mrs. Mary S. Williams, 1715 Harrison Ave.

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) Immaturity
ANTECEDENT CAUSES
DUE TO (b) Prematurity
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

776X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) 4:30

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 4-18-54, 1954, to 4-21-54, 1954, that I last saw the deceased alive on 4-21-54, 1954, and that death occurred at 4:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank EKLS (Degree or title) MD

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 4-22-54

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

24b. DATE 4/26/54

24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 4-26-54 REGISTRAR'S SIGNATURE Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Road 18th & Benton

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

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..... *Bruce R. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th & 4th Bm*

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.