

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16256  
1921

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) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>36 years</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3221 Washington</b>	

3. NAME OF DECEASED (Type or Print) <b>Teresa Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 26 1954</b>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>
8. DATE OF BIRTH <b>Apr. 29, 1882</b>	9. AGE (In years last birthday) <b>71</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Court House</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Abergavenny, England</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Daniel O'Brien</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Mahoney</b>	14. NAME OF HUSBAND OR WIFE <b>John J. Williams (deceased)</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>NO</b>	16. SOCIAL SECURITY NO. <b>513-14-1911</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Teresa Watson (niece) 3221 Washington</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock - Retinal tear</b> <b>Sarcinoma (unknown)</b> <b>Chronic nephritis</b> <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>month</b> <b>year</b> <b>year</b> <b>1991</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to (b) <u>and</u></b> <b>Due to (c)</b>		

19a. DATE OF OPERATION <b>4-26</b>	19b. MAJOR FINDINGS OF OPERATION <b>Removal of uterus &amp; large ovary</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <b>_____</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>_____</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>_____</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>_____</b>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>_____</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1930, to **4-26**, 19**54**, that I last saw the deceased alive on **4-26**, 19**54**, and that death occurred at **6:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>T. W. Hallberg</b> (Degree or title) <b>M. Mahoney</b> (Signature)	23b. ADDRESS <b>231 - W - 429 KCMO</b>	23c. DATE SIGNED <b>4/27/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/29/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-28-54</b>	REGISTRAR'S SIGNATURE <b>Margaret Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Quirk &amp; Tobin</b>	ADDRESS <b>20 W. Linwood, K.C. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Handwritten notes:*  
10/15/50  
10/15/50  
10/15/50

**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 *Forrest D. Colclough* .....

Licensed Embalmer No. *4719*

P. O. Address *K. C. M.*

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.