

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 16855

No. 300

10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>197</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u> <u>0804</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL MEM. HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>ST. FRANCIS HOTEL</u>			
3. NAME OF DECEASED (Type or Print) <u>KATHLEEN</u>		a. (First)		b. (Middle) <u>—</u>		c. (Last) <u>WILLIAMS</u>	
4. DATE OF DEATH <u>MAY 26 1954</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>SEP 26 1891</u>		9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DEXTER MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JOE WHARRY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LEACH</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH D. WILLIAMS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH D. WILLIAMS - SEDALIA MO.</u>		ADDRESS <u>—</u>	
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) <u>Recurrent Carcinoma of Cervix</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malignant</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>Radical for Stated Carcinoma of Cervix</u>		20. AUTOPSY? <u>171 X</u> YES ☐ NO ☒		INTERVAL BETWEEN ONSET AND DEATH <u>1949</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>1949</u> , 19 <u> </u> , to <u>May 26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 26</u> , 19 <u>54</u> , and that death occurred at <u>2:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. B. Charles M. N.</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>5-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 29 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jackson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson MO</u>	
DATE REC'D BY LOCAL REG. <u>May 28, 1954</u>		REGISTRAR'S SIGNATURE <u>Lavene Coontz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>251 M^cLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(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 _____

K.P.M. Leary

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

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.