

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5178**  
**649**

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

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

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 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"/> <b>3568</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LINWOOD NURSING HOME</b> <b>2702 LINWOOD BLVD</b>		e. STREET ADDRESS (If rural, give location) <b>56 2702 LINWOOD BLVD.</b>	
3. NAME OF DECEASED (Type or Print) <b>JENNIE MAE</b>		b. (Middle) <b>WILLIAMS</b>	c. (Last) <b>WILLIAMS</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>2 11 55</b>		5. SEX <b>1 FEMALE</b>	
6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>April 20, 1877</b>		9. AGE (In years last birthday) <b>77</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>NEW CAMBRIA MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HECTOR EVANS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ANN DAVIS</b>	
14. NAME OF HUSBAND OR WIFE <b>WILLIS IRWIN WILLIAMS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>MRS CLEVE S. BRIGGS Wabash K.C. Mo.</b>	
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>Arteriosclerosis</b> ANTECEDENT CAUSES <b>Arteriosclerosis</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b> <b>45</b>	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>11-22-54</b> , 19 <b>54</b> , to <b>2-11-55</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>2-11-55</b> , 19 <b>55</b> , and that death occurred at <b>5:10 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Frank Paul Laurencano M.D.</b>		23b. ADDRESS <b>428 South White Ave</b>	
23c. DATE SIGNED <b>2-11-55</b>		23d. LOCATION (City, town, or county) (State)	
24. BURIAL CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24a. DATE <b>FEB-14-1955</b>	
24b. NAME OF CEMETERY OR CREMATORY <b>NEW CAMBRIA CEMETERY</b>		24c. LOCATION (City, town, or county) (State) <b>NEW CAMBRIA MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>2-12-55</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b>		ADDRESS <b>1331 BRUSH CREEK R.C. Mo.</b>	

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 *Chester K Brown*.....

Licensed Embalmer No... *219*.....

P. O. Address... *K E W*.....

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.