

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5209

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 482

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 town) <b>Jackson</b>		c. CITY OR TOWN <b>Kansas City</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>58yrs</b>		e. STREET ADDRESS (If rural, give location) <b>2625 Brooklyn</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2625 Brooklyn</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Corinne</b> b. (Middle) <b>C.</b> c. (Last) <b>Williams</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 30 1956</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 7, 1897</b>
9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo.</b>
			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>C.L. Burns</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Albert Williams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-16-4262</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Williams 2625 Brooklyn</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CVA; Right</b>		<b>3318</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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 checked="" type="checkbox"/>	
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) m.		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 Jan. 29, 1956, to Jan. 30, 1956, that I last saw the deceased alive on Jan. 29, 1956, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Bruce P. McDonald MD</b> (Degree or title)		23b. ADDRESS <b>2604 Prospect Avenue</b>		23c. DATE SIGNED <b>1/30/56</b>	
24a. DATE OF BURIAL (Specify) <b>Feb 1st</b>		24b. DATE <b>Feb 2, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>	
		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>			

DATE REC'D BY LOCAL REG. <b>2-1-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Ben. Farned Home 18 Stanton</b>	
--	--	--	--	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Bruce P. McDonald

AUG 7 1950

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 *Arma P. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th Street*

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.