

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9375

State File No. _____

BIRTH NO. 485 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1130

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Safe</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>General Hospital #2</u>				e. STREET ADDRESS (If rural, give location) <u>2420 Tracy Avenue</u> <u>3418</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>(Infant)</u>		b. (Middle)		c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>14</u> (Year) <u>1956</u>	
5. SEX <u>2</u> <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>2-14-56</u>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>19</u> <u>35</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>America</u>			
13a. FATHER'S NAME _____			13b. MOTHER'S MAIDEN NAME <u>Lorene Williams</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lorene Williams,</u> ADDRESS <u>2420 Tracy</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immaturity</u>							
ANTECEDENT CAUSES DUE TO (b) <u>Prematurity.</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atelectasis.</u>							
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)		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 <u>2-14-56</u> , 19 <u> </u> , to <u>2-14-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>2-14-56</u> , 19 <u> </u> , and that death occurred at <u>11:15pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.H. Bryan</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>2-15-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linds</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>	
DATE REC'D BY LOCAL REG. <u>3-13-56</u>		REGISTRAR'S SIGNATURE <u>neva mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm A. Thompson</u> ADDRESS <u>RC MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

James
Spencer

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 *Not Embalmed*, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Wm. A. Schuyler*

Licensed Embalmer No. *30*

P. O. Address *10*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.