

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 25 1956 STANDARD CERTIFICATE OF DEATH

13260

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1544

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 12 yrs.

c. CITY OR TOWN Kansas City d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital #2

e. STREET ADDRESS (If rural, give location) 2314 Vine

3. NAME OF DECEASED
a. (First) Martha b. (Middle) _____ c. (Last) Gilliams 4. DATE OF DEATH (Month) 4 (Day) 9 (Year) 1956

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 9/4/1893 9. AGE (in years last birthday) 62 yrs. If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen Helper 10b. KIND OF BUSINESS OR INDUSTRY Lincoln High School 11. BIRTHPLACE (City and State or Foreign Country) Tennessee 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Simon Williams 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Walter Gilliams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 488-32-6901 17. INFORMANT'S SIGNATURE OR NAME Walter Gilliams ADDRESS 2314 Vine

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident INTERVAL BETWEEN ONSET AND DEATH 6

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease with failure.

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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 4-7-56, 1956, to 4-9-56, 1956, that I last saw the deceased alive on 4-9-56, 1956, and that death occurred at 12:45 pm., from the causes and on the date stated above.

23a. SIGNATURE W. R. Peterson (Degree or title) M.D. 23b. ADDRESS 600 E. 22nd St. 23c. DATE SIGNED 4-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr. 16, 1956 24c. NAME OF CEMETERY OR CREMATORY Lincoln 24d. LOCATION (City, town, or county) (State) City, Missouri

DATE REC'D BY LOCAL REG. 4-10-56 REGISTRAR'S SIGNATURE neva minshall 25. FUNERAL DIRECTOR'S SIGNATURE Walter Cross ADDRESS 18th & Benton

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Bruce R. Walker*

Licensed Embalmer No. 45

P. O. Address 18th St

22-9-1

22-9-1

q 20:51

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constituted 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.