

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Paddick 9036
State File No. 136
Registrar's No. 166

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY OR TOWN <u>Joplin</u> c. LENGTH OF STAY (in this place) <u>2 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u> c. CITY OR TOWN <u>1427 East ave</u> <u>8150</u> d. STREET ADDRESS <u>Baxter Springs Kansas</u>	
3. NAME OF DECEASED a. (First) <u>Ornie</u> b. (Middle) <u>m.</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-31-51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-30-1894</u>
9. AGE (In years last birthday) <u>56</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Post office</u>	11. BIRTHPLACE (State or foreign country) <u>Salina, Kansas</u>
13a. FATHER'S NAME <u>Johnston Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Dora Williams</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, last day) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dora Williams</u>		ADDRESS <u>Baxter Springs Kas</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lower nephron nephrosis</u> DUE TO (c) <u>Hypertrophy of the prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decreased coagulation time</u>	
19a. DATE OF OPERATION <u>3-23-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Enlarged prostate gland; bladder diverticulum</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>7 days</u> <u>several wth</u>	
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) <u>610X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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>3-19</u> , 19 <u>51</u> , to <u>3-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>51</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles S. Paddick, M.D.</u> (Degree or title)		23b. ADDRESS <u>410 Jackson Ave. Joplin Mo</u>	
23c. DATE SIGNED <u>4-2-51</u>		24a. BIRTHPLACE (State or foreign country) _____	
24b. DATE <u>3-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Edna Wene</u>	
24f. ADDRESS <u>Baxter Springs Kas</u>		DATE REC'D BY LOCAL REG. <u>4-2-51</u>	
REGISTRAR'S SIGNATURE <u>H. Sothaw</u>		REG. DIST. NO. <u>138</u>	

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

RECEIVED 4-7-51
Jasper County Health Office

County File Number 51-3-291
Date Filed 4-7-51

MAY 16 1951

APR 20 1951

APR 17 1951

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 _____

Wene Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Lane Wene*

Licensed Embalmer No. *2880 mo*

P. O. Address *Walter D. Hays*

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.