

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **41887**  
 Registrar's No. **5324**

FILED DEC 26 1957

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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>BUCHANAN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>7 WKS</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. JOSEPH</b>		d. STREET ADDRESS (If rural, give location) <b>2417 South 11th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Luke's Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bessie</b> b. (Middle) <b>L.</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 10 1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec 1 1878</b>
9. AGE (In years last birthday) <b>73</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Stewartsville Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Samuel L. Pierce</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Bales</b>	
14. NAME OF HUSBAND OR WIFE <b>Robert H. 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 <b>Marion F. Houston</b>		ADDRESS <b>324 E. Winthrop Rd. Kansas City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Bessie Bronchial Pneumonia Terminal</b> ANTECEDENT CAUSES DUE TO (b) <b>Myocarditis</b> DUE TO (c) <b>Rectal prolapse</b> II. OTHER SIGNIFICANT CONDITIONS <b>Hypertension</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4431</b>	
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 <b>Jan</b> , 1948, to <b>Dec 10</b> , 1957, that I last saw the deceased <input checked="" type="checkbox"/> alive on <b>Dec 10</b> , 1957, and that death occurred at <b>9:15 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Edw. F. Thiessen M.D.</b>		23b. ADDRESS <b>Plaza Med. Bldg</b>	
23c. DATE SIGNED <b>12-1-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC-11-1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>—</b>		24d. LOCATION (City, town, or county) (State) <b>ST. JOSEPH MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>12-11-57</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's Sons</b>		ADDRESS <b>Kansas City, Mo.</b>	

DEC 28 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John R. Sidman*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City, Mo.*

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.