No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24007

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1006 Registrar's No. 850

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117 0
d. STREET ADDRESS (If rural, give location): 503 Antoine St.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): Aug. 1, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 1, 1872
9. AGE (In years last birthday): 81 | 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): Retired (10) Laborer Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (City and State or Foreign Country): Buchanan Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Henry Williams
13b. MOTHER'S MAIDEN NAME: Eliza J. Smith
14. NAME OF HUSBAND OR WIFE: Anna Williams

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Geo. Hovey **ADDRESS**: 519 N. 9th, City

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) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) None known

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation 410 X
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* July 30, 19 53 *to* Aug. 1, 1953, 19___, *that I last saw the deceased alive on* July 31, 19 53, *and that death occurred at* 9:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. Elliott M.D.
23b. ADDRESS: 801½ Francis St. St. Joseph, Mo.
23c. DATE SIGNED: 8-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-4-53
24c. NAME OF CEMETERY OR CREMATORY: Bowen Cemetery
24d. LOCATION (City, town, or county) (State): Buchanan Co. Mo.

DATE REC'D BY LOCAL REG.: Aug 4, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Herman W. Siedenfaden **ADDRESS**: 1802 Union St. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert R. Hyple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.