

STANDARD CERTIFICATE OF DEATH

State File No. **7826**

BIRTH NO. **FILED MAR 29 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **313**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</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>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>409 E. Highland Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>409 E. Highland Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>WILLIAM FRANKLIN SOUTHERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 18 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Sta. Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Power</b>		8. DATE OF BIRTH <b>Feb. 22, 1875</b>	
11. BIRTHPLACE (State or foreign country) <b>Holt County, Missouri</b>			9. AGE (In years last birthday) <b>79</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			11. BIRTHPLACE (State or foreign country) <b>Holt County, Missouri</b>		

13a. FATHER'S NAME <b>Thomas Southers</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Davis</b>		14. NAME OF HUSBAND OR WIFE <b>Ollie (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-07-4670</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marie Dinwiddie</b> ADDRESS <b>St. Joseph, Mo.</b>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Cardio Degenerative Vascular Disease</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <b>Senile Dementia</b>		Conditions contributing to the death but not related to the disease or condition causing death <b>2/1/53 suppose to have fallen from bed &amp; fractured rt. hip.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>tured rt. hip.</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Nursing Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph, Buchanan Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 1, 1953 P m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell out of bed.</b>	

22. I hereby certify that I attended the deceased from **7-17**, 19 **53** to **3-18**, 19 **54**, that I last saw the deceased alive on **3-17**, 19 **54** and that death occurred at **6:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. F. Mundy M.D.</b> (Degree or title)		23b. ADDRESS <b>2801 Sacramento St. Joseph, Mo.</b>		23c. DATE SIGNED <b>3/19/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 20, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>			

DATE REC'D BY LOCAL REG. <b>Mar 22, 1954</b>		REGISTRAR'S SIGNATURE <b>Leather M. Allison</b> <b>485</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stoney Funeral Home</b> ADDRESS <b>St. Joseph, Mo.</b>	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3

MAR 4

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Charles E. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4637

P. O. Address St Joseph Mo

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

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