

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 934

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>40 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>205 Fleeman St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thaddeus</u>	b. (Middle) <u>Louis</u>	c. (Last) <u>Williams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1954</u>
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5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 9, 1874</u>	9. AGE (In years last birthday) <u>80</u>	<input type="checkbox"/> IF UNDER 1 YEAR Months _____ Days _____	<input type="checkbox"/> IF UNDER 2 WRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garman (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> <u>Bethany, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Charles W. Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Monks</u>	14. NAME OF HUSBAND OR WIFE <u>Ida M. Williams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>Span-American 12-03-9276</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Williams</u>	ADDRESS <u>205 Fleeman St.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pancreatitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Biliary Calculus lodged in Ampulla of Vater</u>		
	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 <u>584X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 22, 1954, to Aug 23, 1954, that I last saw the deceased alive on Aug 23, 1954, and that death occurred at 5:00p m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Lenton M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>Aug 25 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 26, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 30, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark</u>	ADDRESS <u>Clark Funeral Home 120 Illinois Av. St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8-0601

Revised

SEP 7

SEP 13 1958

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.....
E. A. Clark

Licensed Embalmer No. *H. 22*

P. O. Address *E. Gray*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.