

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29906**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1015	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (In this place) 46 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117			
d. FULL NAME OF HOSPITAL OR INSTITUTION 313 East Kansas Ave.				d. STREET ADDRESS (If rural, give location) 313 East Kansas Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Yance		b. (Middle) Emerson		c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) Sept. 16 1954	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 16, 1882	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 1 MRS. Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) Meadville, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Street Maint.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME James Williams		13b. MOTHER'S MAIDEN NAME Gertrude (Not Known)		14. NAME OF HUSBAND OR WIFE Mrs. Lucy Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-09-6123		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucy Williams-313 E. Kans. Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation DUE TO (c) arterio-sclerosis				MEDICAL CERTIFICATION St. Joseph, Mo. INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 Aug 2, 1954 , to 9-16, 1954 , that I last saw the deceased alive on 9-14, 1954 , and that death occurred at 2:50 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. Harris				23b. ADDRESS P.O. 103 W. mo. ave., City		23c. DATE SIGNED 9/18/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20-'54		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City; town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG Sept 21, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. H. Alexander St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.