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FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25431**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **931**

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 town(ship) OR TOWN <b>Rural, Washington Twp</b>		c. LENGTH OF STAY (in this place) <b>2 yrs</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RR #4, Ajax Road</b>				e. STREET ADDRESS (If rural, give location) <b>RR #4, Ajax Road</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>CARL</b>			b. (Middle) <b>R.</b>		c. (Last) <b>WIDMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 21, 1955</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Aug 29, 1879</b>		9. AGE (In years last birthday) <b>75</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>agriculture</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>unknown</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>unknown</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>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ray Swoboda, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Chronic myocarditis</b>							
		DUE TO (c) <b>Carcinoma of rectum</b> <b>154X</b>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pernicious anemia</b>							
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)		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>January 23, 1954</b> , to <b>Aug 21, 1955</b> , that I last saw the deceased alive on <b>Aug 21, 1955</b> , and that death occurred at <b>9 PM</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Dr. Raymond L. Smith M.D.</b>				23b. ADDRESS <b>Kirk Bldg., St. Joseph, Mo.</b>			23c. DATE SIGNED <b>8-30-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Aug 21, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Powhattan Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Powhattan, Kansas</b>			
DATE REC'D BY LOCAL REG. <b>Aug 31, 1955</b>		REGISTRAR'S SIGNATURE <b>Leather M. Allison</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Charles Harmon - Waltham, Mo.</b>				

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

(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.....  
Signature of Student Embalmer

Signed *Charles M. Hanna*.....

Licensed Embalmer No. *448*

P. O. Address *Waltham*

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.