

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29442**
Registrar's No. **814**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a-STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN SPRINGFIELD)		c. CITY OR TOWN SPRINGFIELD	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) 20 YRS.		e. STREET ADDRESS (If rural, give location) 506 W. LYNN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 W. LYNN			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) T.	c. (Last) ARCHER	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 13 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 15 1863	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL AGENT	10b. KIND OF BUSINESS OR INDUSTRY PACIFIC MUTUAL LIFE CO.	11. BIRTHPLACE (City and State or Foreign Country) LAPLATA, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THOMAS ARCHER	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MABEL ARCHER
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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. ?	17. INFORMANT'S SIGNATURE OR NAME MRS. MABEL ARCHER	ADDRESS SPRINGFIELD, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ascending colon (Primary)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Regenerative Caeroid-vascular disease		470	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		19c. 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)
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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 **Jan. 20, 1954**, to **Sept. 13 1955**, that I last saw the deceased alive on **Sept. 12, 1955**, and that death occurred at **2:25 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur D. Knabb, M.D.	23b. ADDRESS 1630 N. Jefferson Springfield, Mo	23c. DATE SIGNED 9-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9/14/55	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 9-13-55	REGISTRAR'S SIGNATURE Curt Williamson	25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...	ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *H. L. McCann*.....

Licensed Embalmer No. *777*

P. O. Address *Springfield*

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.