

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39770

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1310

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 township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 40 years	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 2209 S. 12th St.		e. STREET ADDRESS (If rural, give location) 2410 S. 18th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Charles c. (Last) Williamson		4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 12, 1883
9. AGE (In years last birthday) Months Days 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. minister	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. minister		10b. KIND OF BUSINESS OR INDUSTRY Baptist Church	11. BIRTHPLACE (City and State or Foreign Country) So. Greenfield, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME W. J. Williamson	
13b. MOTHER'S MAIDEN NAME Mary Stapp		14. NAME OF HUSBAND OR WIFE Nettie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 491-42-2145	
17. INFORMANT'S SIGNATURE OR NAME Mrs. S. C. Williamson		ADDRESS 2410 S. 18th St. St. Joseph	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 33 hours 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. 4201	
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 7 Dec, 1955 , to 8 Dec, 1955 , that I last saw the deceased alive on 8 Dec, 1955 , and that death occurred at 10:36 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. D. Humboldt		23b. ADDRESS Barnard, Mo.	
23c. DATE SIGNED 12/8/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/10/1955	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec 14, 1955		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 485 Heather M. Allison Neaton - Bowman 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.....
Signature of Student Embalmer

Signed *Richard D. Ellis*.....

Licensed Embalmer No. *4959*
319 So. 10th St. Joseph,
P. O. Address.....

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.