

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15666

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 551

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>60 Yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1728 Belle Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>W.</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16th 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 28-1881</u>
9. AGE (In years last birthday) <u>74 Yrs</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bland County, Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Williams</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>492-40-5750</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie Williams</u>		CITY ADDRESS <u>1728 Belle Street</u>	
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.			MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
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 <u>Fracture of greater trochanter, right femur, fracture of 3rd, 4th, & 5th ribs, right side.</u>			<u>4-18-56</u> <u>5-16-56</u>
19a. DATE OF OPERATION <u>4-20-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>9040</u> <u>21</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Joseph,</u> (COUNTY) <u>Buchanan</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-14-56</u> ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Mr. Williams fell & injured his hip & ribs (right side)</u>			
22. I hereby certify that I attended the deceased from <u>4-18-56</u> , 19 <u>56</u> , to <u>5-16-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-16-56</u> , 19 <u>56</u> , and that death occurred at <u>3:50p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Handley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>311 Physician & Surgeons Bldg., St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>5-18-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Burial)</u>		24b. DATE <u>May 19-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 22, 1956</u>		REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>Lothar M. Allison</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(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
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.