

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12243

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 395

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, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Joseph</u> <u>0117</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR NO. <u>W. MO. Nurs. Ho.</u> INSTITUTION <u>1029 Douglas St.</u>				Length of stay in lb <u>68 Yrs.</u>		d. STREET ADDRESS <u>212 1/2 Francis St.</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>Willis S. Williams</u>						4. DATE OF DEATH <u>March 29, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 22, 1869</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>200</u>		IF UNDER 24 HRS. Hours <u>2</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor (Ret.)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Public Buildings</u>		11. BIRTHPLACE (City and state or country) <u>Clay County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Westley Williams</u>				14. MOTHER'S MAIDEN NAME <u>Ann (Not Known)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Howard J. Williams, 1714 Sylvanie</u> Address <u>City</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Unk.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arteriosclerosis</u>							<u>Unk.</u>
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>4200</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>3/21/57</u> to <u>3/29/57</u> and last saw <sup>INDEX</sup> him alive on <u>3/28/57</u> Death occurred at <u>10:45</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. McElaney M.D.</u> (Degree or title)				22b. ADDRESS <u>Kirkpatrick Building</u> <u>St. Joseph, Missouri</u>		22c. DATE SIGNED <u>3/30/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Apr. 2, 1957</u>		<u>City Cemetery</u>		<u>St. Joseph, Missouri</u>	
24. FUNERAL DIRECTOR <u>Wm. H. Alexander</u> ADDRESS <u>St. Joseph, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>April 15, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

300  
1-56Health,  
& Welfare  
Public  
Service

Securing the medical certificate in this special manner required by the law is necessary to prevent the issuance of a certificate of death for a disease which is not casually related.

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..... *Wm. H. Alexander*

Licensed Embalmer No. *445*

P. O. Address *St. Joseph*

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.