

Health,
Public
Service

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30963

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. I000 Registrar's No. 962

300
-57

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>DAVIES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Gallatin</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Joseph Hospital</u>		Length of stay in lb <u>22 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. 3</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Henderson</u> Last <u>Wion</u>			4. DATE OF DEATH <u>August, 30, 1957</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July, 16, 1891</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Bus Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Street Railway</u>	11. BIRTHPLACE (City and state or country) <u>Lamoni, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Wion</u>	13b. MOTHER'S MAIDEN NAME <u>Melvina Cook</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Marcella P. Wion</u>
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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>491-09-7853</u>	17. INFORMANT <u>Mrs. Marcella P. Wion</u>	Address <u>St. Joseph Mo.</u>
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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>Carcinoma of the Pancreas & Metastasis</u> <u>to Lungs and Bile obstruction of Common</u> <u>bile duct</u> <u>& Cachexia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u> <u>157X</u> <u>1 mfa</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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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
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21. I attended the deceased from <u>2-20-53</u> to <u>8-30-57</u> and last saw <u>him</u> alive on <u>8-30-57</u> Death occurred at <u>8:00P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Wm B. Reston</u> (Degree or title)	22b. ADDRESS <u>316 Ninth St. Joseph, Mo.</u>	22c. DATE SIGNED <u>9-3-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 3, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elk Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lamoni Iowa</u>
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24. FUNERAL DIRECTOR <u>Stanley J. H. Howe</u>	ADDRESS <u>St. Joseph, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 9, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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SEP 27 1961

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 E. Bennett

Licensed Embalmer No. 4673

P. O. Address St. Joseph, Mo.

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.