...t. Health,
..., & Welfare
...S. Public
...lth Service

...S. 300
...v. 1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39364
STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1230

1. PLACE OF DEATH
a. COUNTY Buchanan.
b. CITY (If outside corporate limits, give TOWNSHIP only) ~~OR TOWN~~ St. Joseph — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital No. 2 — Length of stay in 1b 16 yrs. 4 Mos. 1 day.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY ~~OR TOWN~~ Clinton — Inside Limits Yes ☐ No ✓
d. STREET ADDRESS (If outside, give location) R.R. #2. — Reside on Farm Yes ✓ No ☐

3. NAME OF DECEASED (Type or print) First ARTHUR Middle JACKSON. Last WILLIAMS.
4. DATE OF DEATH Month 11 Day 11 Year 1957.
5. SEX Male.
6. COLOR OR RACE White.
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 3-18-1893.
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months 7 Days 23 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) claimed to be a railroad Brakeman.
10b. KIND OF BUSINESS OR INDUSTRY Railroading
11. BIRTHPLACE (City and state or country) Bucklin, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel T. Williams.
14. MOTHER'S MAIDEN NAME ? Compton.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) unknown.
16. SOCIAL SECURITY NO. unknown.
17. INFORMANT Address Mrs. Mollie Williams, Clinton Missouri R.R.2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Syphilis. — INTERVAL BETWEEN ONSET AND DEATH 1947
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchopneumonia. — 10 days
DUE TO (c) 025X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Psychosis with Syphilitic meningo-encephalitis.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9-4-52, to 11-10-57 and last saw ~~her~~ him alive on 11-9-57.
Death occurred at 11:11-57 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. H. Morrowey. M.D.
22b. ADDRESS State Hospital No. 2, St Joseph, Mo
22c. DATE SIGNED 11-11-1957.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-11-57
23c. NAME OF CEMETERY OR CREMATORY Switzer Chapel Cemetery
23d. LOCATION (City, town, or county) Bucklin (State) Mo.
24. FUNERAL DIRECTOR Larson Funeral Home ADDRESS Bucklin, Mo
25. DATE RECD. BY LOCAL REG. Nov. 14, 1957
26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Charles E. Bennett.....

Licensed Embalmer No. 46.7

P. O. Address St. Joseph

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