

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024690

STATE FILE NUMBER 796

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

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, give TOWNSHIP only) St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph 01170 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parkview at Sunnyslope Length of stay in life 11th St.		d. STREET ADDRESS (If outside, give location) 1125 Ridenbaugh Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last ADDIE CELISTA WILLIAMS			4. DATE OF DEATH Month Day Year July 25, 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 23, 1869
9. AGE (In years last birthday) 89		10. F UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Sherman	
13b. MOTHER'S MAIDEN NAME Sarah unknown		14. NAME OF HUSBAND OR WIFE C. P. Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Helen Hathaway, 6128 W. 76th Place		Address Prairie Village, Kans.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uterine Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Arteriosclerotic Heart Disease 174X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Ukn.  Ukn.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Month, Day, Year 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 4-8-58 to 7-25-58 and last saw her alive on 7-25-58 Death occurred at 9:30p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Colles Rowdy M.D. (Degree or title)		22b. ADDRESS Kingswood rdg	
22c. DATE SIGNED July 26, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/28/1958	
23c. NAME OF CEMETERY OR CREMATORY Agency Cemetery		23d. LOCATION (City, town, or county) Agency, Missouri (State)	
24. FUNERAL DIRECTOR Neaton-Bowman		ADDRESS St. Joseph, Mo.	
25. DATE RECD. BY LOCAL REG. July 28, 1958		26. REGISTRAR'S SIGNATURE Mrs. Clark Modell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

*John D. Hendrick, Jr.*  
Kirk Bldg.

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 *John D. Hendrick, Jr.*  
Licensed Embalmer No. *4848*  
P. O. Address *K. Bldg.*

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.