

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024691

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 801

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST JOSEPH</b>		c. CITY OR TOWN <b>DEARBORN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ML METH.</b>		d. STREET ADDRESS (If outside, give location) <b>Y DAY</b>	

3. NAME OF DECEASED (Type or print) First <b>SIDNEY</b> Middle <b>HUSTON</b> Last <b>WILLIAMS</b>			4. DATE OF DEATH <b>JULY 26 1958</b> Month Day Year			
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 21, 1891</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>DEARBORN, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13. FATHER'S NAME <b>JOHN S. WILLIAMS</b>	14. MOTHER'S MAIDEN NAME <b>JENNIE DEAN</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>MRS. S. H. WILLIAMS</b> Address <b>DEARBORN MO.</b>
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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) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b> <b>4 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carcinoma prostate</b>	
	DUE TO (c) <b>177X</b>	

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"/> <b>2</b>
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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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>July 21, 58</b> to <b>July 26 1958</b> and last saw her/him alive on <b>July 26, 57</b> Death occurred at <b>12 AD</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Wm H. Austin M.D.</b>	22b. ADDRESS <b>706 Francis St Joplin Mo</b>	22c. DATE SIGNED <b>7-29-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-28-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DEARBORN CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>DEARBORN MO.</b>
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24. FUNERAL DIRECTOR <b>VAUGHN-AUFRANC</b> ADDRESS <b>DEARBORN MO.</b>	25. DATE RECD. BY LOCAL REG. <b>July 30, 1958</b>	25. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodall</b>
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Health, Welfare Public Service

300 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W. R. Vaughn*

Licensed Embalmer No. *40*

P. O. Address *WESTON*

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.