

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34299

State File No. ....

ED OCT 27 1952

BIRTH NO. .... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1101

1. PLACE OF DEATH a. CITY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington Twp. 0110	
c. LENGTH OF STAY (In this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) R.F.D. # 6, St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 6,			

3. NAME OF DECEASED (Type or Print)	a. (First) ALMA	b. (Middle) GRACE	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-20-1907	9. AGE (In years last birthday) 45	# UNDER 1 YEAR Months	# UNDER 12 HRS. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Anna Lang	14. NAME OF HUSBAND OR WIFE Bryan Williams
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bryan Williams, R.F.D. # 6,
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 YEARS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Breast &		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastases to Lung, Liver & pelvis DUE TO (c) Hypertension		6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 13, 1952, to Oct 17, 1952, that I last saw the deceased alive on Oct 17, 1952, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chloe M. Biggins M.D.	23b. ADDRESS 1302 Faron St. St. Joseph Mo.	23c. DATE SIGNED 10-20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-20-1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Oct 22, 1952	REGISTRAR'S SIGNATURE Carl C. Carl	25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) J. P. ...	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*John E. Rupp*  
Licensed Embalmer No. *3986*

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 this body is not embalmed, fact should be so stated above.