

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5163

State File No.

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Independence</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1217 South Main</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1217 South Main</u> <u>7005</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>A.</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 9, 1909</u>		9. AGE (In years last birthday) <u>45</u> IF UNDER 1 YEAR Months <u>0</u> IF UNDER 1 YEAR Days <u>25</u> IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lucas Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Charles Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Watkins</u>	14. NAME OF HUSBAND OR WIFE <u>Eloise Williams</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>495-03-9449</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eloise Williams</u> ADDRESS <u>Inden. Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic carcinoma, liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma sigmoid colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u> <u>2 yrs</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma sigmoid colon with metastasis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1954, to 3-4, 1954, that I last saw the deceased alive on 3-1, 1954, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>John Richard Green M.D.</u>		23b. ADDRESS <u>129 W. Lexington Ind. Mo</u>	23c. DATE SIGNED <u>3-5-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 6 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wood Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 5 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u> ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 30 1955

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 *A. Kenneth Pattison*

Licensed Embalmer No. *469*

P. O. Address *Indy, 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.