

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22205

State File No.

No. 300
10.48

FILED JUL 26 1954

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>798</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>66 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>306 So. 20th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Merrill</u> c. (Last) <u>Webster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 1 - 1888</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>meat packing Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adam Webster</u>			13b. MOTHER'S MAIDEN NAME <u>Octavia Hawkins</u>		14. NAME OF HUSBAND OR WIFE <u>Miss Mildred Webster</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05-1714</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Miss Wm Webster = 306 So. 20th St. St. Joseph, Mo.</u>			
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					INTERVAL BETWEEN ONSET AND DEATH <u>Post-Op</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Resection Carcinoma of Sigmoid Colon</u>					Diagnosed <u>4/28/54</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>					
19a. DATE OF OPERATION <u>July 7, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Sigmoid Colon</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)		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 <u>6/28, 1954</u> to <u>7/17, 1954</u> that I last saw the deceased alive on <u>7/16, 1954</u> and that death occurred at <u>2:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Date or time) <u>My Redmond MD</u>				23b. ADDRESS <u>St. Joseph, Mo</u>		23c. DATE SIGNED <u>7/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 20, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>		485- <u>Wm. H. Alexander</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>St. Joseph, Mo.</u>	

AUG 23 1961

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.

Signed.....

Wm. H. Alexander

Student Embalmer

Licensed Embalmer No. *4450*

P. O. Address. *St. Joseph, N.J.*

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.