

CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 35 Yrs d. FULL NAME OF HOSPITAL OR INSTITUTION. 2828 South 21st, Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes X No 0

3. NAME OF DECEASED (Type or Print) a. (First) EFFIE b. (Middle) ELLEN c. (Last) WILLIAMS 4. DATE OF DEATH (Month) (Day) (Year) April 21st, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Jan. 27th 1885 9. AGE (In years) 70 Yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and State or Foreign Country) Gower, Missouri 12. CITIZEN OF WHAT COUNTRY? U. S.A.

13a. FATHER'S NAME Willaim Barnes 13b. MOTHER'S MAIDEN NAME Betty Giddens 14. NAME OF HUSBAND OR WIFE Otto O. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No none 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mr. Otto O. Williams, (Husband) 21st, ADDRESS 2828 so

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinomatous ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma at breast DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170 X

19a. DATE OF OPERATION 6-15-55 19b. MAJOR FINDINGS OF OPERATION Carcinoma at Breast & Lymph gland involvement 20. AUTOPSY? YES NO X

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2, 1954, to 4-21, 1955, that I last saw the deceased alive on 4-20, 1955, and that death occurred at 3120a m., from the causes and on the date stated above.

23a. SIGNATURE Irvin Rocenthal (Degree or title) M.D. 23b. ADDRESS St Joseph Mo 23c. DATE SIGNED 4-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial) 24b. DATE April 23-1955 24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. April 25, 1955 REGISTRAR'S SIGNATURE Esther M. Allison 485 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mierhaller & Blumman St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Signature of Student Embalmer

Signed *Elbert B. Harrington*  
Licensed Embalmer No. 3258

P. O. Address, St. Joseph,

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.