

FILED OCT 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30064

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Lexington</u>	c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY OR TOWN <u>Lexington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>914 Southwest Blvd.</u>		STREET ADDRESS (If rural, give location) <u>914 Southwest Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorsey</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Williams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 4, 1955</u>
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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>March 21, 1881</u>	9. AGE (in years last birthday) <u>74</u> 5 <u>13</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Excelsior Springs, Missouri, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Williams H. Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Jean Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Munker</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Williams</u>	ADDRESS <u>Lexington 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gastro-intestinal hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malignancy undetermined site</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1992</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 5/17, 1955 to 9/3, 1955, that I last saw the deceased alive on 9/3, 1955, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph W. Whaley M.D.</u>	23b. ADDRESS <u>Lexington</u>	23c. DATE SIGNED <u>9-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>September 6, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mahmelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-13-55</u>	REGISTRAR'S SIGNATURE <u>Monroe S. Excelsior Springs</u>	156-7	FUNERAL DIRECTOR'S SIGNATURE <u>James L. Temple Lexington</u>	ADDRESS
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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.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 298

P. O. Address..... 

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.