

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

31675

7809

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY -----				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St Louis Mo.</b> TOWN		c. LENGTH OF STAY (in this place) <b>64 days</b>		c. CITY OR TOWN <b>Louisiana</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				• STREET ADDRESS (If rural, give location) <b>817 N. Carolina avenue</b>				
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Kathleen Marie</b>		b. (Middle) <b>Williams</b>		c. (Last) <b>Williams</b>	
4. DATE OF DEATH		(Month) <b>9</b>		(Day) <b>4</b>		(Year) <b>1955</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>10-4-1911</b>		
9. AGE (In years last birthday) <b>43</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>secretarial work</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Stark Bros. Nurs.</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>								
13a. FATHER'S NAME <b>John M. Williams</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Conley</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-05-3999</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ray Scott, Louisiana, Mo.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Peritonitis with Multiple Intestinal Fistula</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>578 X</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 <b>1-2, 1955</b> , to <b>9-4, 1955</b> , that I last saw the deceased alive on <b>9-4, 1955</b> , and that death occurred at <b>4:30 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>FR Bradley</b>			23b. ADDRESS <b>BARNES HOSPITAL</b>			23c. DATE SIGNED <b>9/4/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9-5-55</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Louisiana, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>SEP 6 1955</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sterne, Louisiana, Mo.</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

MAY 15 1961

MAY 6 1956

MAR 7 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..

Student.....  
Signature of Student Embalmer

Signed: *Ronald O. Yahn*

Licensed Embalmer No. *39*

P. O. Address *St. Louis*

**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.**