

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 113

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

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>Jackson.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN St. Joseph.</u>		c. LENGTH OF STAY (in this place) <u>2 yrs. 6 M. 14 days.</u>	c. CITY OR TOWN <u>Kansas City.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>5719 Charlotte Street</u>		<u>3828</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPHINE</u>	b. (Middle) <u>D.</u>	c. (Last) <u>WILLIAMS,</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 30 - 1956.</u>
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5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>7-11-1881.</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 DAY Hours <u>19</u>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>blouse making.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Diamond</u>	13b. MOTHER'S MARDEN NAME <u>Grace Mc-Connell.</u>	14. NAME OF HUSBAND OR WIFE <u>Claude Williams.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Williams - 3537 main, Kansas City, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-sclerosis</u>		<u>Leukemia.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Senility with dementia.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>304X</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 (Specify) <u>SUICIDE HOMICIDE</u>	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) m.	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 7-16-, 1953, to 1-31-, 1956, that I last saw the deceased alive on 1-30-, 1956, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fernest Thomas.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>1-30-1956.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Removal)</u>	24b. DATE <u>Jan. 31 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hills Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 1, 1956</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>One</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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.....  
*Raymond W. Hersh*

Licensed Embalmer No..... 4412

P. O. Address... St. Joseph, 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.