THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3828

FILED FEB 18 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's Hosp. — Length of stay in Hospital: 60 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph 0117 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1404 Cudmore St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Morris Middle: A. Last: Williams

4. DATE OF DEATH Month Day Year: Feb. 14, 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov. 20, 1889

9. AGE (In years last birthday): 67 — 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): Ret. (5) Steamfitter

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (City and state or country): McCool, Nebr.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James A. Williams

14. MOTHER'S MAIDEN NAME: Mary Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 491-09-7032

17. INFORMANT Address: Mrs Gertrude Williams 1404 Cudmore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchiectasis — years
DUE TO (c): Chr Bronchitis 5021 — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Pyloric obstruction: Gastroenterostomy & Cholecystectomy 3/6/57

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 9, 1957 to Feb 14, 1957 and last saw ~~him~~ him alive on Feb 14, 1957
Death occurred at 8:35 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title): C. L. Grant MD

22b. ADDRESS: St. Joseph, Mo

22c. DATE SIGNED: 2/15/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb 16, 57

23c. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR: Herman W. Siedenfaden — ADDRESS: St. Joseph Mo.

25. DATE RECD. BY LOCAL REG.: Feb 15, 1957

26. REGISTRAR'S SIGNATURE: Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard terms. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

Dr. Grant

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert L. Yagle

Licensed Embalmer No. 3308

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.