

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016893

STATE FILE NUMBER

508

LED MAY 18 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 508

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Cosby	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		d. STREET ADDRESS (If outside, give location) Rural	
Length of stay in lb 10 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ARTHUR Middle EARL Last WILLIAMS			4. DATE OF DEATH Month May Day 13 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2, 1886
9. AGE (In years birth/day) 73		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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpentering	11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME William Williams	
13b. MOTHER'S MAIDEN NAME (unknown)		14. NAME OF HUSBAND OR WIFE Mrs. Edith Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-09-9625B	
17. INFORMANT Mrs. Edith Williams		Address Cosby, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis liver (liver Failure) Obstruction Portal Circulation 5810 DUE TO (b) Recent Bowel (Small) Resection for mesenteric thrombosis. DUE TO (c) 5810			INTERVAL BETWEEN ONSET AND DEATH Old. Recent.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition seen in PART I (a), (b), and (c). Recent Bowel (Small) Resection for mesenteric thrombosis.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 4-28-59 to 5-13-59 and last saw him alive on 5-13-59 Death occurred at 8:58 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert W. Kiebert M.D.	
22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED 5-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-15-59	
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		23d. LOCATION (City, town, or county) (State) Cosby Missouri	
24. FUNERAL DIRECTOR James Funeral Home		25. DATE RECD. BY LOCAL REG. May 14, 1959	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Dr. Robert W. Kiebert

APR 21 1908

No. of _____
 Name of _____
 Date of _____
 City _____
 State _____
 County _____
 Name of _____
 Address _____
 City _____
 State _____
 County _____

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 Charles E. Bennett

Licensed Embalmer No. 4677

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.