URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1959

59–035328

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1043

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 4 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 518 North 3rd. Jackson Rest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Doniphan
c. CITY OR TOWN: Elwood — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 404 Kentucky St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Agnes Middle: Last: Williamson
4. DATE OF DEATH: Month: October Day: 9 Year: 1959
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-25-1879
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Brookfield, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Anon Johnson
13b. MOTHER'S MAIDEN NAME: Maryha ?
14. NAME OF HUSBAND OR WIFE:
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.: None
17. INFORMANT: Mrs Brazil Cruse, Garnet, Kan.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): apoplexy — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): advanced arterio sclerosis — several years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 For many years to Oct 9, 59 and last saw her alive on Sept 1 59.
Death occurred at 5:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. E. Cordonier M.D.
22b. ADDRESS: Troy Kansas
22c. DATE SIGNED: Oct 12 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 13, 1959
23c. NAME OF CEMETERY OR CREMATORY: Bellemont Cemetery
23d. LOCATION (City, town, or county) (State): Wathena, Kansas

24. FUNERAL DIRECTOR: Wm H. Alexander ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 16, 1959
26. REGISTRAR'S SIGNATURE: Mae Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF A. E. CORDONIER, M.D.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm. H. Alexand

Signature of Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph

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