

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-000426**

**FILED VS FEB 1 1960**

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 109 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Joseph</b>		Length of stay in lb <b>20 years</b>		c. CITY OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>612 Hall Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>ISAAC</b> Last <b>WILLIAMS</b>				4. DATE OF DEATH Month <b>January</b> Day <b>24</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/9/1885</b>	9. AGE (last birthday) <b>74 years</b>		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) <b>Retired Yard Man</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>St. Joseph Park board</b>		11. BIRTHPLACE (City and state or country) <b>Louisburg, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Harry Williams</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Delaney</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Pearl Williams</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>Yes Peace Time</b>			16. SOCIAL SECURITY NO. <b>513-10-8053</b>		17. INFORMANT Address <b>612 Hall Street</b> <b>Mrs. Pearl Williams, St. Joseph, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>							<b>Unk.</b>	
DUE TO (b) <b>General Embolism</b>							<b>Unk.</b>	
DUE TO (c)								
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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 <b>1/6/53</b> to <b>1/24/60</b> and last saw her alive on <b>1/23/60</b> Death occurred at <b>3:30 A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Andrew Delaney MD</b> (Degree or title)				22b. ADDRESS <b>Social Welfare Board</b> <b>10th &amp; Olive, St. Joseph, Mo.</b>		22c. DATE SIGNED <b>1/25/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1/25/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Cemetery</b>		23d. LOCATION (City, town, or county) <b>Andrew County,</b>		23e. (State) <b>Missouri</b>		
24. FUNERAL DIRECTOR <b>Stoney Funeral Home</b> <b>(6A51)</b>			ADDRESS <b>St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 28, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Standell</b>		

DOCUMENT

BY AFFIDAVIT OF **D.W.P. Craig 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Emmanuel Olan

Licensed Embalmer No. 4230

P. O. Address St. Joseph

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