

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036037

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1129

STATE FILE NUMBER

FILED NOV 13 1961

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b life		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5115 King Hill Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5115 King Hill Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ADOLPH Middle KARL Last WIDMAN				4. DATE OF DEATH Month October Day 30 Year 1961						
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 22, 1931--30		9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meteorologist			10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Adolph Karl Widman			13b. MOTHER'S MAIDEN NAME Isla Martin			14. NAME OF HUSBAND OR WIFE none				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.2			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Isla Widman-5115 King Hill Ave					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock, Intracranial hemorrhage at once Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Self inflicted 12 gauge shot gun to head at once DUE TO (c) Respondency because of illness of mother and death of father								INTERVAL BETWEEN ONSET AND DEATH		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) self inflicted gunshot wound to head						
20c. TIME OF INJURY Hour 11 a.m. Month, Day, Year Oct. 30, 61		on lot (south) adjacent to 5115 King Hill Ave.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home			20f. CITY, TOWN, OR LOCATION St. Joseph		COUNTY Buchanan		STATE Missouri	
21. I attended the deceased from viewed body to and last saw her alive on Oct 30 - 61 Death occurred at 11 A m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) S. Melaney M.D. Coronor				22b. ADDRESS 214 Kirkpatrick Bldg. St. Joseph, Mo.				22c. DATE SIGNED 10-31-61		
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 2, 1961		23a. NAME OF CEMETERY OR CREMATORY Ashland Cemetery			23d. LOCATION (City, town, or county) St. Joseph, Mo.			
24. FUNERAL DIRECTOR Clark Funeral Home			ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 9, 1961		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

S. Melaney M.D. MEDICAL CERTIFICATION

NOV 13 1961

JUL 3 1962

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 Alvin E. Bayan

Licensed Embalmer No. 4795

P. O. Address St. Joseph m

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.