

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35483**

Registration District No. **79** Primary Registration District No. **5116** Registrar's No. _____

1. PLACE OF DEATH: **Beulah, MO**
 (a) County _____
 (b) City or town **Beulah, Mo. Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Boone**
 (c) City or town **Beulah Boone Twp.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **ALICE K. WILLIAMS**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct** day **6**
 year **1939** hour **11:30** minute **A.** M.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **LYMAN WILLIAMS** 6. (c) Age of husband or wife if alive **72** years
 7. Birth date of deceased **DEC 8 1868**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1932**
 _____, 19____, to **Oct 6**, 19____
 that I last saw her alive on **Oct 6**, 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 9 28 hr. min.

Immediate cause of death **Coronary Arteriosclerosis**
 Due to **Cardio Vascular**
Renal disease 15 yrs
 Due to _____

9. Birthplace **VERMILLION Co ILL**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **131**

10. Usual occupation **Housewife**

11. Industry or business
 MOTHER FATHER
 { 12. Name **JOHN KRILES**
 13. Birthplace **GERMANY**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **MARY ALLESON**
 15. Birthplace **VERMILLION Co ILL**
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature _____
 (b) Address _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) **Burial** (b) Date thereof **Oct 8 39**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Catholic mo**

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **Leola Williams** (M. D. or other) _____
 Address **Catholic, Mo** Date signed _____

18. (a) Signature of funeral director **Catholic mo**
 (b) Address **Catholic mo**
 19. (a) **108th 1939** (b) **W. Booth**
 (Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 1 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W. M. D. D. D.

Licensed Embalmer No.....

2589

P. O. Address.....

Centralia Mo.

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 this body is not embalmed, above space should be left blank.