

No. 300  
10-48

23

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

FILED APR 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7847

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5321 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, South Moniteau</b>		c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, South Moniteau</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 Miles North Clarksburg</b>			d. STREET ADDRESS (If rural, give location) <b>6 Miles North Clarksburg, Mo</b>		

3. NAME OF DECEASED (Type or Print) <b>Betty Ann Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3/9/49</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>2/22/1865</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Cooper County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>America</b>
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13a. FATHER'S NAME <b>William Martin</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Arnold</b>	14. NAME OF HUSBAND OR WIFE <b>R.L. Williams (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank Williams, Clarksburg, Mo</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>420</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>South Moniteau Cooper MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 1, 1949**, to **Mar 8, 1949**, that I last saw the deceased alive on **Mar 8, 1949**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. L. Bawson 2 D.O.</b> (Degree or title)	23b. ADDRESS <b>California</b>	23c. DATE SIGNED <b>NO 3/9/49</b>
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24a. BURIAL / CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/10/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clarksburg Masonic</b>	24d. LOCATION (City, town, or county) (State) <b>Clarksburg, Mo</b>
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DATE REC'D BY LOCAL REG <b>Mar 10 1949</b>	REGISTRAR'S SIGNATURE <b>H. L. Meredith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geneva E. Richards</b>	ADDRESS <b>Tipton, MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed 4-2-49

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 \_\_\_\_\_  
Student Embalmer

Signed James E. Richards  
Licensed Embalmer No. 2466

P. O. Address Tipton, Missouri

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, fact should be so stated above.