

FILED MAR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9250

67
2

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

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (in this place) <u>48 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		2		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>698 Cleveland St.</u>				d. STREET ADDRESS (If rural, give location) <u>698 Cleveland St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Ann</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-22-49</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-12-1883</u>		
9. AGE (in years last birthday) <u>65</u>		# UNDER 1 YEAR <u>8</u>		# UNDER 1 YEAR <u>10</u>		# UNDER 1 MIN. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson Co., Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Liza Jane (Last Name Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>William E. Williams</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. E. Williams, Charleston, Mo.</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Ectasia corditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic heart disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Nephritis 12/14</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>DK</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				
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?				
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>48</u> , to <u>Feb 22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 22</u> , 19 <u>49</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. Char. Reuling M.D.</u>				23b. ADDRESS <u>Charleston, Missouri</u>		23c. DATE SIGNED <u>2/25/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-23-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 13-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. John Bondurant</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John T. Hummel</u>		ADDRESS <u>Charleston, Mo.</u>		

RECEIVED

District Health Office No.

District File Number 349-2

Date Filed 3-15-4

STATEMENT BY LICENSED EMBALMER

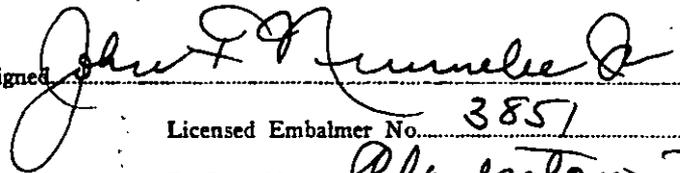
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3857

P. O. Address Charleston, W. Va.

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.