

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9362**

FILED APR 12 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **244** PRIMARY REG. DIST. NO. **2834** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>DIAMOND</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>DIAMOND</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ROSELLE</b>	b. (Middle)	c. (Last) <b>WILLIAMS</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>APR. 6 1949</b>

5. SEX <b>FEM.</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB. 14, 1869</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>22</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>ROGERS ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILSON GRIMES</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH REDDICK</b>	14. NAME OF HUSBAND OR WIFE <b>S. H. WILLIAMS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jac Williams</b>	ADDRESS <b>Pittsburg Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 or 6 days</b>  <b>several years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1944X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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 **4-1**, 1949, to **4-6**, 1949, that I last saw the deceased alive on **4-6**, 1949, and that death occurred at **4:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Delores Mc</b>	(Degree or title) <b>J</b>	23b. ADDRESS <b>Trinity Mo</b>	23c. DATE SIGNED <b>4/7/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-9-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DIAMOND</b>	24d. LOCATION (City, town, or county) (State) <b>DIAMOND MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>Apr. 9th-1949</b>	REGISTRAR'S SIGNATURE <b>Mr. Albie Parnell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Corley Thompson</b>	ADDRESS <b>Neosho</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1300

RECEIVED  
District H. 91th Officer No. *Thompson & Smith*  
District File Number *44965*  
Date Filed *4-11-49*

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 \_\_\_\_\_

*Rollie Kessel*

Student Embalmer No. *228*

working under my personal supervision.

Signed *Rollie Kessel*  
Student Embalmer

Signed *Lesley Thompson*  
Licensed Embalmer No. *3259*  
P. O. Address *Neashe 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, fact should be so stated above.