

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12947

| | | | | | | | |
|--|--|--|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>169</u> | | PRIMARY REG. DIST. NO. <u>5621</u> | | Registrar's No. <u>20</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Knox</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Kaans</u> <u>199</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina, Rural-Lyon</u> | | c. LENGTH OF STAY (in this place) <u>7 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quincy</u> <u>11</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) <u>2. 3200 S. 2nd St.</u> <u>2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> | | | b. (Middle) <u>Ellen</u> | | c. (Last) <u>Williams</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April-20-1949</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>5</u> | 8. DATE OF BIRTH <u>July-14-1882</u> | | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>LaBelle Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Andrew Dabney</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Tettes</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frank Williams</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert Cullers</u> | | ADDRESS <u>Edina, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mitral stenosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>480X</u> | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____ | 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>Apr 14, 1949</u> , to <u>Apr 20, 1949</u> , that I last saw the deceased alive on <u>Apr 20, 1949</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. Phillips D.D.</u> | | | | 23b. ADDRESS <u>Edina, Mo</u> | | 23c. DATE SIGNED <u>4-22-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April-24-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>LaBelle</u> | | 24d. LOCATION (City, town, or county) (State) <u>LaBelle, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>April-23-49</u> | REGISTRAR'S SIGNATURE <u>Nell S. Humel</u> <u>151</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u> | | ADDRESS _____ | | |

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

RECEIVED

District Health Officer N

District File Number 5-49

Date Filed MAY 1 0 1949

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

Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minn

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.