

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14661

BIRTH NO.		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 4531		Registrar's No. 13		
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Emporia				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. LENGTH OF STAY (in this place) 7 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emporia				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) John Williams			a. (First) John			b. (Middle) Williams		
c. (Last) Williams			4. DATE OF DEATH Mar. 14, 1949					
5. SEX male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 9, 1855		
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months 6		IF UNDER 1 YEAR Days 5		IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (State or foreign country) Georgia		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME George Williams			13b. MOTHER'S MAIDEN NAME unknown		
14. NAME OF HUSBAND OR WIFE --			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. none		
17. INFORMANT'S SIGNATURE OR NAME Mrs. Orlesta Zollar, Warrenton, Mo.			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.			19. INTERVAL BETWEEN ONSET AND DEATH 4 days		
I. DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH* (a) Uremia			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis Several years			DUE TO (c) Myocarditis Several years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21. DATE OF OPERATION h		
19a. DATE OF OPERATION h			19b. MAJOR FINDINGS OF OPERATION h			21a. ACCIDENT (Specify) h		
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) h			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		
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 Feb. 12, 1949, to Mar. 14, 1949, that I last saw the deceased alive on Mar. 13, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) J. H. Dyer, M.D.			23b. ADDRESS Warrenton, Mo.			23c. DATE SIGNED 3-16-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE Mar. 15, 1949			24c. NAME OF CEMETERY OR CREMATORY		
24d. LOCATION (City, town, or county) (State) Emporia, Kansas			25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co., Warrenton, Mo.			ADDRESS		
DATE REC'D BY LOCAL REG. 3-15-49			REGISTRAR'S SIGNATURE (Signature) 4021			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number

APR 25 1949

Date Filed

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

John Sheehan

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, Or*

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.