

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27645

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rolla twp.	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rolla twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1 St. James		d. STREET ADDRESS (If rural, give location) Rt. 1 St. James	

3. NAME OF DECEASED (Type or Print) a. (First) LUCY b. (Middle) E. c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1949		
5. SEX Fe.	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 12, 1879	
9. AGE (In years Last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Phelps Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry W. Ball		13b. MOTHER'S MAIDEN NAME Eliza Tungate		14. NAME OF HUSBAND OR WIFE Jake Williams	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Jake Williams		ADDRESS Rt. 1 St. James	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident, hemorrhage, apoplexy				INTERVAL BETWEEN ONSET AND DEATH Unknown About 24 hrs. Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis					
		DUE TO (c) Disruptive blood vessel from					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uniting fracture, left femur				Unknown 3 mo	

19a. DATE OF OPERATION None		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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rolla in Phelps Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 27 1949 8:00P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Slept on a couch		E9040	
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22. I hereby certify that I attended the deceased from **6-27, 1949**, to **17 Aug, 1949**, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:0** m., from the causes and on the date stated above.

23a. SIGNATURE Yung E. Everist M.D.		23b. ADDRESS Rolla Mo		23c. DATE SIGNED 20 Aug 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/21/49		24c. NAME OF CEMETERY OR CREMATORY Asher Cemetery		24d. LOCATION (City, town, or county) (State) Phelps Co., Mo.	
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DATE REC'D BY LOCAL REG. 8-23-49		REGISTRAR'S SIGNATURE Nadine L. Stoll		380 25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
Phelps County Health Officer,
County File Number
Date Filed AUG 30 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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.