

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31201

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (where deceased lived. If institution, residence before institution). a. STATE <u>Nebraska</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Route 3 - Nebraska</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kind Route 3 - Nebraska</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>3 miles East of Nebraska</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Essie</u>	b. (Middle) <u>Chester</u>	c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>July 20-1867</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>82 2 10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kans</u>
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Wheeler Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hampshire</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased - Ida Mae Hitting</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alva Hensley</u>	ADDRESS <u>Nebraska</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>334X</u>	

19a. DATE OF OPERATION	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)	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) (Min.)	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 9-27, 1949, to 9-29, 1949, that I last saw the deceased alive on 9-29, 1949, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Reynolds M.D.</u>	23b. ADDRESS <u>Nebraska</u>	23c. DATE SIGNED <u>9-30-49</u>
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24a. BURIAL, CREMATION REMOVED (Specify)	24b. DATE <u>Oct 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 3 1949</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Borman</u>	223	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence W. Chiles</u>	ADDRESS <u>Lamar, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT

District File Number 1049-175

Date Filed OCT 12 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.

Signed Clarence W. Child

Signed _____
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lawrence 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.