

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34765

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>2321</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY OR TOWN <u>Moberly</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 W. Rollins St</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Moberly</u> d. STREET ADDRESS (If rural, give location) <u>700 W. Rollins St</u>				
3. NAME OF DECEASED (Type or Print) <u>Mary Williams</u> a. (First) <u>Mary</u> b. (Middle) <u>Williams</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH <u>Oct 19th 1949</u> (Month) (Day) (Year)		5. SEX <u>Female</u>			
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>July 22nd 1969</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>27</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Munn</u>			13b. MOTHER'S MAIDEN NAME <u>Herschel Williams</u>			14. NAME OF HUSBAND OR WIFE <u>Herschel Williams</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss. Carrie Williams</u> ADDRESS <u>Moberly</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma intestine</u> ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> ii. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Jan. 49</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly Randolph Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>						
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 1949, to <u>Oct 19</u> , 1949, that I last saw the deceased alive on <u>Oct 18</u> , 1949, and that death occurred at <u>2:15 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Beary S. Jolly M.D.</u> (Degree or title)			23b. ADDRESS <u>203 1/2 N. Clark Moberly Mo</u>			23c. DATE SIGNED <u>10-20-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		
DATE REC'D BY LOCAL REG. <u>Oct 20 49</u>		REGISTRAR'S SIGNATURE <u>Pauline Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahar and Son</u> ADDRESS <u>Moberly Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Returned for correction

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RECEIVED OCT 31 1949
District Health Officer No. 10
District File Number 10-49-184
Date Filed OCT 31 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.