

FILED JAN 3 1950

# STANDARD CERTIFICATE OF DEATH

State File No.

 43081  
 10931

Registrar's No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

<b>1. PLACE OF DEATH</b> a. COUNTY				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Hospital</u>				d. STREET ADDRESS <u>W.R.</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MABEL</u> b. (Middle) <u>Williams</u> c. (Last)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12 - 14 - 1949</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Divorced</u>	<b>8. DATE OF BIRTH</b> <u>10-21-1884</u>		<b>9. AGE</b> (In years last birthday) <u>65</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At Home</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Rolla Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		
<b>13a. FATHER'S NAME</b> <u>George Edward Mitchell</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Amelia E Dickerson</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Joe Ed Williams Rolla Mo</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Joe Ed Williams</u>		<b>ADDRESS</b> <u>Rolla Mo</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic intestinal obstruction.</u>						
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perhaps due to carcinoma of.</u> DUE TO (c) <u>intestines</u>						
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.						
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>No surgery.</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Rolla Mo</u>					
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>153X</u>					
<b>22. I hereby certify that I attended the deceased from</b> <u>10-7-</u> <u>1949</u> <b>to</b> <u>10-15-</u> <u>1949</u> <b>that I last saw the deceased alive on</b> <u>10-15-</u> <u>1949</u> <b>and that death occurred at</b> <u>9:20 p.</u> <b>from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <u>James J. Smith</u> (Degree or title) <u>M.D.</u>			<b>23b. ADDRESS</b> <u>4930 Lindell Blvd. St. Louis 8, Mo.</u>		<b>23c. DATE SIGNED</b> <u>12-16-49</u>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>12-16-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Rolla</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Rolla Mo</u>			
<b>DATE REC'D BY LOCAL REG.</b>	<b>REGISTRAR'S SIGNATURE</b> <u>J. B. Fasator</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Roland Mortuary Services Inc.</u> 4104 Manchester Ave. St. Louis 10, Mo.				

DEC 20 1949

(Licensed Embalmer's Statement on Reverse Side)

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

18981

**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 \_\_\_\_\_

*J. Allen Davis Jr.*  
Licensed Embalmer No. 4053  
P. O. Address W. P. 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.