

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2162

JF

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6037 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 Miles S.E. of Doniphan, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 Miles S.E. of Doniphan, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 Miles S.E. of Doniphan, Mo.</u>	
3. NAME OF DECEASED a. (First) <u>Peter</u>		b. (Middle) <u>Allan</u>	
c. (Last) <u>Williamson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 1, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 15, 1885</u>
9. AGE (In years last birthday) <u>64</u>		if UNDER 1 YEAR Months <u>7</u> Days <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	
11. BIRTHPLACE (State or foreign country) <u>Wayne County, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Thomas Williamson</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Penrod</u>	
14. NAME OF HUSBAND OR WIFE <u>Viola Williamson Fisher</u>		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>Walter H. Williamson, Doniphan, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL EXAMINATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO		INTERVAL BETWEEN ONSET AND DEATH <u>3312</u>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 <u>12-12-</u> , 1949, to <u>1-1-</u> , 1950, that I last saw the deceased alive on <u>12-31-</u> , 1949, and that death occurred at <u>10 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edw. Adamson M.D.</u>		23b. ADDRESS <u>Doniphan, Mo.</u>	
23c. DATE SIGNED <u>1-2-1950</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 2, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stone Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-2-50</u>	REGISTRAR'S SIGNATURE <u>W. J. Amstar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means</u>	
ADDRESS <u>Doniphan, Mo.</u>		ADDRESS _____	

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

RECEIVED 1-3-50
District Health Officer No. 5,
District File Number 15012
Date Filed 1-6-50

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 Ray Means.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3743.....

P. O. Address Doniphan, 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.