

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11282

318

1003

State File No. 2715
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 30		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2229a California				d. STREET ADDRESS (If rural, give location) 23 -- 2229a California			
3. NAME OF DECEASED (Type or Print)		a. (First) LULU		b. (Middle) A.		c. (Last) WILLIAMS	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
3		21		50			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 16 1868	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 1 MIN. 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 Home		11. BIRTHPLACE (State or foreign country) Plattin Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Peter A McCormack		13b. MOTHER'S MAIDEN NAME Margaret Allred		14. NAME OF HUSBAND OR WIFE Frankland H Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Pearl Vereyard			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 3 years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None		21d. HOW DID INJURY OCCUR? None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 1948, to March 20, 1950, that I last saw the deceased alive on March 20, 1950, and that death occurred at 3:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Preston C. Hall M.D.				(Degree or title)		23b. ADDRESS 390 So Lafayette	
23c. DATE SIGNED 3/21/50							
24a. BURIAL, CREMATION, REMOVAL (Specify) 0		24b. DATE 3-23-50		24c. NAME OF CEMETERY OR CREMATORY City-DeSoto Mo		24d. LOCATION (City, town, or county) (State) DeSoto-Missouri	
DATE REC'D BY LOCAL HEALTH DEPT (1950)		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE G. Lee Mathershead		ADDRESS Meristo Mo.	

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

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. H. Motherhead*

Licensed Embalmer No. *3531*

P. O. Address *Des Moines*

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.