

FILED JUN 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16145

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 853

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Harrisonville		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Deer Creek Twp. 0070	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) Memorial Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) May c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) May 29, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 1, 1921	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 2 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Cass County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Osborn George Washington		13b. MOTHER'S MAIDEN NAME Stella Caution		14. NAME OF HUSBAND OR WIFE Dub 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. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Washington Osbourn, Adrian Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cardiac Decompensation			
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4342	

19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 6-13, 1947 to 5-29, 1950, that I last saw the deceased alive on 5-29, 1950, and that death occurred at 5:50 A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harry B. Nelson		23b. ADDRESS Harrisonville, Mo		23c. DATE SIGNED 5-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 1, 50		24c. NAME OF CEMETERY OR CREMATORY Austin Cemetery	
24d. LOCATION (City, town, or county) (State) Near Archie, Mo		24e. FUNERAL DIRECTOR'S SIGNATURE Laura J. Jones, Breath & Son, Adrian Mo		24f. ADDRESS	
DATE REC'D BY LOCAL REG. June 3, 1950		REGISTRAR'S SIGNATURE Laura J. Jones		51	

(Licensee Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 10 1950

CASS COUNTY
HEALTH DEPARTMENT

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..... *Adrian M*

Licensed Embalmer No. *3650*

P. O. Address *Adrian M*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.