

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16533
 State File No.

0402

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

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Grundy</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TREXON</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1414 MAIN ST</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TREXON</u>		c. LENGTH OF STAY (in this place) _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TREXON</u> d. STREET ADDRESS (If rural, give location) <u>1414 MAIN ST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORNELIA</u> b. (Middle) <u>O</u> c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 16, 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb. 29, 1864</u>
9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR Months <u>1</u> IF UNDER 14 HRS. Days <u>17</u> Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>TEXAS</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>UNKNOWN STONE</u> 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> 14. NAME OF HUSBAND OR WIFE _____	
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>X Thomas K. Murray Denton Mo</u>		ADDRESS _____	
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) <u>arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4500</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>Jan</u> , 1949, to <u>April 16</u> , 1950, that I last saw the deceased alive on <u>April 12</u> , 1950, and that death occurred at <u>3:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. H. Callers M.D.</u> (Degree or title)		23b. ADDRESS <u>Prenton Mo</u>	
23c. DATE SIGNED <u>4-17-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Denton Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Darius Blackmore</u> ADDRESS <u>Denton Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-17-50</u>		REGISTRAR'S SIGNATURE <u>Deane</u>	



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.....

myself

working under my personal supervision.

Student Embalmer No.....

Signed.....

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Stenton Mo*

Signed.....
Student Embalmer

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.