

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19035**

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 99			
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 3 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall 0972					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 465 W-Washington				d. STREET ADDRESS (If rural, give location) 465 W Washington					
3. NAME OF DECEASED (Type or Print) Fannie Williams			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) May 12 1950									
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 6 1894		9. AGE (In years last birthday) 55 10. IF UNDER 1 YEAR Months 10 11. IF UNDER 2 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Self			11. BIRTHPLACE (State or foreign country) North Marshall, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Giles			13b. MOTHER'S MAIDEN NAME Bell Gambles			14. NAME OF HUSBAND OR WIFE Clate Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Blanton Williams			ADDRESS Marshall	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY-LEADING TO DEATH* (a) Aneurysm of Aorta Valvular Heart Disease 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. Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH Don't Know	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute) ✓		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 122X					
22. I hereby certify that I attended the deceased from June 15th, 1949 , to May 12 , 1950, that I last saw the deceased alive on May 7th, 1950 , and that death occurred at 9 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Waite H. Madison M.D.				23b. ADDRESS Marshall, Mo.			23c. DATE SIGNED 5-12-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17-1950		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Marshall Mo.			
DATE REC'D BY LOCAL REG. May 14-1950		REGISTRAR'S SIGNATURE Sidney F Gray			25. FUNERAL DIRECTOR'S SIGNATURE F. D. Ferguson		ADDRESS Sedalia Mo		

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

0972

RECEIVED

MAY 22 5'

District Health Officer No. 8,

District File Number

Date Filed 5/22/50

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.

Student Student Embalmer

Signed F. W. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.