

## FILED JUL 12 1950 STANDARD CERTIFICATE OF DEATH

State File No. 19267

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mexico)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Mo. is St. 0042	
c. LENGTH OF STAY (in this place) 2 minutes		d. STREET ADDRESS (If rural, give location) 1003 S. Davis St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION side walk 120 S. Jefferson			

3. NAME OF DECEASED (Type or Print) EDYTHE MAE WILLIAMS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 26, 50
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5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH April 30, 1898	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Montgomery County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME George Williams	13b. MOTHER'S MAIDEN NAME Martha Thompson	14. NAME OF HUSBAND OR WIFE
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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. Not known	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George W. Williams, Wellesville, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Case, fell dead on the street of Mexico, Mo. unattended by a physician. No jury, no inquest of violence, foul play or poison. Probably a heart condition.		
	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 June	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mexico Mo. Audrain Mo.
21d. TIME OF INJURY None m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 1343

22. I hereby certify that I attended the deceased from 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased liveable June 26, 1950, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. C. Adams, M.D., Corona	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED 6-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE June 28, 50	24c. NAME OF CEMETERY OR CREMATORY Wellesville	24d. LOCATION (City, town, or county) (State) Wellesville, Mo.
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DATE REC'D BY LOCAL REG. June 28 1950	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Wells, Wellesville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 5 1950  
District Health Officer No. 10  
District File Number 7-50-1086  
Date Filed JUL 11 1950

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

*Ralph L. Hueston*

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.