

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20647**

BIRTH NO.		REG. DIST. NO. 154		PRIMARY REG. DIST. NO. 5575		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview Mo.		c. LENGTH OF STAY (In this place) 7 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dresden Mo.		0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grandview, Missouri				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Jane c. (Last) Williams.			4. DATE OF DEATH (Month) (Day) (Year) 6³/13/50.				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widowed.		8. DATE OF BIRTH 5/27/1866.	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 17	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Florence Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Huntress.			13b. MOTHER'S MAIDEN NAME Polly Ann Miller.		14. NAME OF HUSBAND OR WIFE D.W. 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 ADDRESS Fannie M. Wilson Grandview 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Immediate 10 or 15 yrs 4201	
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, 1950 , to 6-13, 1950 , that I last saw the deceased alive on 6-13, 1950 , and that death occurred at 5:45 m., from the causes and on the date stated above.							
23a. SIGNATURE R.L. Hunt (Degree or title)				23b. ADDRESS Grandview Mo		23c. DATE SIGNED 6-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Dresden		24d. LOCATION (City, town, or county) (State) Dresden, Missouri	
DATE REC'D BY LOCAL REG. June 16-50		REGISTRAR'S SIGNATURE Annie W. Hedges		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.W. Hackett Sedalia, Mo.			

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

JUN 21 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 _____

DW Kechart

Licensed Embalmer No. 3470

P. O. Address Sebalia, Md.

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.