

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23850

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5585 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Carthage</b> OR <b>Madison</b>		c. LENGTH OF STAY (In this place) <b>6 yrs.</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Madison</b>		d. STREET ADDRESS (If rural, give location) <b>Rt # 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt # 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Moses</b>		b. (Middle) <b>Mc Williams</b>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>July 20, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 3, 1865</b>
9. AGE (In years) (last birthday) <b>84</b>		IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <b>9 17</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	
11. BIRTHPLACE (State or foreign country) <b>Martinsburg, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>William Mc Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Lydia Ferguson</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna Laura Zuck</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Anna Mc Williams, Carthage, Mo.</b>		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemiplegia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiac decompensation</b>	
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) (m.) _____		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 <b>Mar 28, 1949</b> , to <b>July 20, 1950</b> , that I last saw the deceased alive on <b>July 19, 1950</b> , and that death occurred at <b>3:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Albert B. Wheeler, D.D.</b>		23b. ADDRESS <b>Carthage Mo</b>	
23c. DATE SIGNED <b>July 22-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-22-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>DUDMAN</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-22-50</b>		REGISTRAR'S SIGNATURE <b>L. B. Clinton, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>ULMER FUNERALHOME, CARTHAGE, MO.</b>		ADDRESS _____	

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

RECEIVED 7-31-50  
Jasper County Health Office

County File Number 50-7-560

Date Filed 7-31-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed *John S. Penner*  
Licensed Embalmer No. 4194

P. O. Address \_\_\_\_\_

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.