

No. 300
10.48

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26312

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5258 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY OR TOWN <u>Rogersville, Rural W. Benton</u>		c. CITY OR TOWN <u>Rogersville, Rural W. Benton, Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0330</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Minnie</u>		a. (First)	b. (Middle)	c. (Last) <u>Williams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 15 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 17 1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>W. G. Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. B. William, Rogersville Mo</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4202</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No Operations</u>		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 July, 1948, to Aug. 15, 1950, that I last saw the deceased alive on Aug 9, 1950, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Schultz, M.D.</u> (Degree or title)	23b. ADDRESS <u>Fordland Mo.</u>	23c. DATE SIGNED <u>8/17/50</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oklahoma City Cem Oklahoma City Okla</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Sept 1 1950</u>	REGISTRAR'S SIGNATURE <u>Lillie Barr</u>	58	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelley-Ferrell-Bergman, Rogersville</u>

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED SFP 4 1950

Dist. File 950-1808

Date Filed Sept 6, 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.

Signed K. K. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fiorland, Ma.

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.