

FILED OCT 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29638

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 317

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp No 1</u>		d. STREET ADDRESS (If rural, give location) <u>Windsor Hotel</u>	

3. NAME OF DECEASED (Type or Print) <u>FLORENCE MAY WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 - 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 21, 1891</u>		9. AGE (In years last birthday) <u>58</u> Months <u>10</u> Days <u>5</u>
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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Keokuk Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Francis Houseman</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Lewan</u>		14. NAME OF HUSBAND OR WIFE <u>W.J. Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</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>Chronic myocarditis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____			
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) (Min)		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 March 17, 1950, to Sept. 26, 1950, that I last saw the deceased alive on Sept. 25, 1950, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph Hanks M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hosp. Fulton Mo</u>		23c. DATE SIGNED <u>9/26/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Sept. 26, 1950</u>		REGISTRAR'S SIGNATURE <u>Mareta Lawrence by RCM</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Funeral Home</u> ADDRESS <u>Hannibal, Mo</u>	
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT - 2 1950

MAR 21 1951

RECEIVED

MAR 24 1951

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. 395

Signed George P. Domian  
Student Embalmer

Signed Denzil C. Brownings

Licensed Embalmer No. 2724

P. O. Address Fulton and

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.