No. 300
10-48

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32409

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada
c. LENGTH OF STAY (in this place) Some time
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nevada Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Vernon 1080
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada 0
d. STREET ADDRESS (If rural, give location) 1004 South Main Street

3. NAME OF DECEASED (Type or Print) a. (First) Ardena b. (Middle) c. (Last) Williams

4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1950

5. SEX Fm
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 6, 1858
9. AGE (In years last birthday) 92 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin Robertson
13b. MOTHER'S MAIDEN NAME Mary E. Gillum
14. NAME OF HUSBAND OR WIFE Christopher C. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Rebecca Marks ADDRESS Los Angeles, Cali

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4221

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1950, to Sept 9, 1950, that I last saw the deceased alive on Sept 9, 1950, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE F L Martin (Degree or title) M.D.
23b. ADDRESS Nevada Mo
23c. DATE SIGNED 9-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 15, 1950
24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park
24d. LOCATION (City, town, or county) Nevada (State) Missouri

DATE REC'D BY LOCAL REG. Sept. 20-50
REGISTRAR'S SIGNATURE Kathryn H. Yancey 331
25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home ADDRESS Nevada
(Licensed Embalmer's Statement on Reverse Side) L B Ferry Missouri

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED SEP 25 1950
Dist. File 900-1988
Date Filed 9-25-50

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.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 17610

P. O. Address Novada Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.