

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

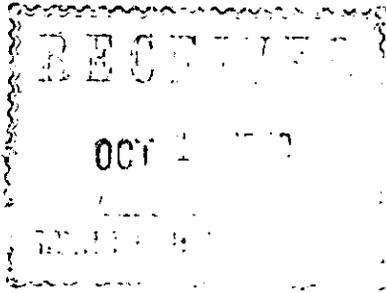
State File No. 32939

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5227 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Cars</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cars</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peculiar Twp (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Peculiar Twp</u>	
c. LENGTH OF STAY (If this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi W of Harrisonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u> b. (Middle) <u>MAY</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 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>May 18 1894</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Henry Mc Carlin</u>		13b. MOTHER'S MAIDEN NAME <u>Idola Dent</u>	14. NAME OF HUSBAND OR WIFE <u>Home Williams</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Horner Williams</u> ADDRESS <u>Harrisonville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer - Carcinoma of breast</u> ANTECEDENT CAUSES <u>Metastasis (Generalized)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE 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 <u>Oct 4</u> , 19 <u>50</u> , to <u>Oct 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 4</u> , 19 <u>50</u> , and that death occurred at <u>2:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L.P. Phares</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Urich, Missouri</u>	
23c. DATE SIGNED <u>10-5-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 7-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hlemington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hlemington Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u> 51	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bonnerburger</u> ADDRESS <u>Harrisonville Mo.</u>	

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

0190



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 _____

B. J. Lindley

Student Embalmer No. *369*

working under my personal supervision.

Student *B. J. Lindley*
Student Embalmer

Signed *Ernest R. Runniburger*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville Mo*

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.