

No. 300  
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FILED DEC 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36488**

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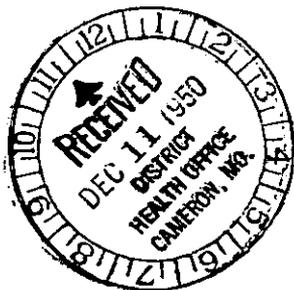
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLINTON</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL LATHROP</b>		c. LENGTH OF STAY (in this place) <b>76</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL LATHROP</b>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0250</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia Lavern</b> b. (Middle) <b>Williams</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 6 1950</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Sept 20 1874</b>		
9. AGE (In years last birthday) <b>76</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>LATHROP TOWNSHIP</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>			13a. FATHER'S NAME <b>Thomas J. Williams</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Starboard</b>		
14. NAME OF HUSBAND OR WIFE <b>Never Married</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>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Emma G. Williams</b> ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs</b>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
DUE TO (b) <b>Arteriosclerosis</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				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) <b>Lathrop Township, Clinton, Mo</b>				
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:30 pm.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>A. D. Templeman</b> (Degree or title) <b>Coroner Clinton Co. 3</b>				23b. ADDRESS <b>201 Farmer Bank Bldg</b> <b>Cameron Mo</b>				
23c. DATE SIGNED <b>12-7-50</b>				24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>				
24b. DATE <b>Dec-9-50</b>				24c. NAME OF CEMETERY OR CREMATORY <b>LATHROP CEMETERY</b>				
24d. LOCATION (City, town, or county) (State) <b>LATHROP MO.</b>				DATE REC'D BY LOCAL REG. <b>12-8-50</b>				
REGISTRAR'S SIGNATURE <b>Winifred W. Mosher</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>CRUNK</b> ADDRESS <b>CAMERON</b>				



JUN 25 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, N.C.

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.