

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 308

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 108

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | c. LENGTH OF STAY (in this place) 10 days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany 0411 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital | | d. STREET ADDRESS (If rural, give location) 1 | |

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|-------------------------------------|---------------|------------------|--------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) L. | b. (Middle) Etta | c. (Last) Williams | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 1951 |
|-------------------------------------|---------------|------------------|--------------------|---|

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|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|-----------------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 | 8. DATE OF BIRTH Jan. 12, 1873 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY home | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Josiah Bogue | 13b. MOTHER'S MAIDEN NAME Nancy Ann Taggart | 14. NAME OF HUSBAND OR WIFE N. B. Williams |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | 17. INFORMANT'S SIGNATURE OR NAME Mr. William Taggart | ADDRESS Bethany, Mo. |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks 19030 21 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Compression fracture 1st lumbar vertebra</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis general</i> <i>Arteriosclerotic kidney disease</i> DUE TO (c) <i>Uremia</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bethany, HARRISON, MO. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) About 1-12-51 ? m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Fell in home |
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22. I hereby certify that I attended the deceased from Jan 23, 1951, to Feb 2, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at 5:45A m., from the causes and on the date stated above.

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|---|------------------------|------------------------------------|-------------------------|
| 23a. SIGNATURE <i>W. B. Kenyon M.D.</i> | (Degree or title) M.D. | 23b. ADDRESS <i>St. Joseph Mo.</i> | 23c. DATE SIGNED 2-2-51 |
|---|------------------------|------------------------------------|-------------------------|

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|---|------------------|---|---|
| 24a. BURIAL, CREMATION REMOVAL (Specify) Burial | 24b. DATE 2/4/51 | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | 24d. LOCATION (City, town, or county) (State) Gilman City Mo. |
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| DATE REC'D BY LOCAL REG. Feb 6, 1951 | REGISTRAR'S SIGNATURE <i>Carl C. Casper</i> | 446 | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Wheaton Bowman</i> | ADDRESS <i>Funeral Home St. Joseph Mo.</i> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Eugene Wood*

Signed.....
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *519 So 10th, Ft. Jay*

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.