

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 582

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 9

240

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

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SMITHVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SMITHVILLE</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

02-50

3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>CLIFFORD</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14, 1951</u>		
5. SEX <u>MA</u>	6. COLOR OR RACE <u>WH</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 9, 1887</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
13a. FATHER'S NAME <u>JOHN WILLIAMS</u>			13b. MOTHER'S MAIDEN NAME <u>NANNIE MOORE</u>		14. NAME OF HUSBAND OR WIFE <u>ESTELLA LOWMAN WILLIAMS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ESTELLA WILLIAMS</u>	
				ADDRESS <u>SMITHVILLE 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary heart disease</u> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ESTELLA WILLIAMS</u>	
				ADDRESS <u>SMITHVILLE MO.</u>	

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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)		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 June, 1934, to Jan 14, 1951, that I last saw the deceased alive on Jan 14, 1951, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Beelman M.D.</u>		(Degree or title)		23b. ADDRESS <u>Smithville</u>	
23c. DATE SIGNED <u>1-17-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 17, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>SMITHVILLE MISSOURI</u>	

DATE REC'D BY LOCAL REG <u>Jan 17-51</u>		REGISTRAR'S SIGNATURE <u>Beelman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCormas</u>	
				ADDRESS <u>MCCOMAS FUNERAL HOME SMITHVILLE, MO.</u>	



MAR 19 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

*Donald W. Hanks*

Licensed Embalmer No.

*4528*

P. O. Address

*Smithville, Missouri*

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.