

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3495

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chaffee		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chaffee 1001	
c. LENGTH OF STAY (in this place) 35 years		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Frances	b. (Middle) Eugena	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) Jan 14 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 21 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 4 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 Housewife	11. BIRTHPLACE (State or foreign country) Carbondale Pa.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME James Max Welch	13b. MOTHER'S MAIDEN NAME Margaretta Drennan	14. NAME OF HUSBAND OR WIFE William H Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Mont Proffitt	ADDRESS Chaffee 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN DEATH AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Supposed Coronary heart disease Sudden Death	DUE TO (b) Was under treatment of heart specialist	Interval
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. for 16 months		Sudden Death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to **Jan 14, 1951** that I last saw the deceased alive on **Jan 12, 1950**, and that death occurred at **8 am**, from the causes and on the date stated above.

23a. SIGNATURE W. D. Smith M.D.	(Degree or title)	23b. ADDRESS Chaffee Mo	23c. DATE SIGNED 1/18/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 27 51	24c. NAME OF CEMETERY OR CREMATORY St Ambrose Catholic	24d. LOCATION (City, town, or county) (State) Chaffee Mo
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DATE REC'D BY LOCAL REG. Jan 22-51	REGISTRAR'S SIGNATURE Miss Paul Bisplinghoff	25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff	ADDRESS Funeral Home Chaffee Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 23 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 151-29

MAR 2 1951

JAN 26 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 _____

working under my personal supervision. _____ Student Embalmer No. 416

Student Raymond B. Wilson
Student Embalmer

Signed Ollie C. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.