

FILED FEB 20 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4256

BIRTH NO.		REG. DIST. NO. 83		PRIMARY REG. DIST. NO. 3017		Registrar's No. 15			
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (In this place) 75 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		0272			
d. FULL NAME OF HOSPITAL OR INSTITUTION At home				d. STREET ADDRESS (If rural, give location) 711 E. Morgan St.					
3. NAME OF DECEASED (Type or Print)		a. (First) Jessie		b. (Middle) Evans		c. (Last) Williams			
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH		9. AGE (In years last birthday) 95		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Edwin Chalmers Evans		13b. MOTHER'S MAIDEN NAME Elizabeth A. Joplin		14. NAME OF HUSBAND OR WIFE William M. Williams			
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. ADDRESS Roy D. Williams, Boonville, Missouri.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Bronchitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 Days 12 Days 49ix	
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 Jan 29, 1951, to Feb 13, 1951, that I last saw the deceased alive on Feb 13, 1951, and that death occurred at 11:40am., from the causes and on the date stated above.									
23a. SIGNATURE M. A. Jones D.O.H.				23b. ADDRESS Boonville, Mo		23c. DATE SIGNED 2-14-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE February 15, 1951		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.			
DATE REC'D BY LOCAL REG. 2-14-51		REGISTRAR'S SIGNATURE D. Hooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Missouri.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-19-51

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.

Signed Walter E Moyer

Signed.....
Student Embalmer

Licensed Embalmer No. 4491

P. O. Address Bonville, 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.