

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21041**

FILED JUN 16 1951

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **139**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sugar Creek Township 0880	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) FREDERICK c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) 6. 8. 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 7. 3. 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR 11 Months 5 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY Wabash RR	11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME M. T. Williams	13b. MOTHER'S MAIDEN NAME Addie Heather	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Mrs D. E. Steadman, Moberly, MO

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) ACUTE CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 1 HOUR
	b. ANTECEDENT CAUSES DUE TO (b) CORONARY SCLEROSIS		
	DUE TO (c) GENERAL ARTERIOSCLEROSIS		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **6. 8**, 19**51**, and that death occurred at **4:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Lillian A. Sicinovic M. A. O.	23b. ADDRESS Wabash Employees Hosp.	23c. DATE SIGNED 6/8/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 10-1951	24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) (State) Moberly, Mo	25. FUNERAL DIRECTOR'S SIGNATURE Paul W. Mahan and Son ADDRESS Moberly, Mo	
DATE REC'D BY LOCAL REG. 6-9-51	REGISTRAR'S SIGNATURE Paul W. Mahan	

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

8830

NOV 19 1951

JUL 19 1951

JUN 27 1951

Date Received: JUN 1 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-1071
Date Filed: JUN 1 4 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 *Frank D. Witt*

Licensed Embalmer No. *3021*

P. O. Address *Moberly 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.