

FILED AUG 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22063

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5118 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocheport		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocheport	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 - Missouri Tp.		d. STREET ADDRESS (If rural, give location) Route 1 - Missouri Tp.	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE	b. (Middle)	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) July 29, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 16, 1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 3 Days 13	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME C.C. Torbit	13b. MOTHER'S MAIDEN NAME Mary Lammé	14. NAME OF HUSBAND OR WIFE George 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 ADDRESS George Williams, Route 1, Rocheport, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Artemia</u>		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized carcinoma</u> DUE TO (c) <u>Carcinoma of Rt. Kidney</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Delema of left Artery</u> <u>Arteriosclerosis</u>		1 yr.

19a. DATE OF OPERATION <u>Mar 25 1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rt. Kidney</u>	19c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>180X</u>	19d. 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 Mar 22, 1948 to July 29, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 5 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Harold D. Dietrich, M.D.</u>	23b. ADDRESS <u>Phys. Bldg. Columbia Mo. July 30-51</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 31, 1951	24c. NAME OF CEMETERY OR CREMATORY Rocheport Cemetery	24d. LOCATION (City, town, or county) (State) Rocheport, Missouri.
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DATE REC'D BY LOCAL REG. Aug 2 1951	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service, Columbia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-10-51 _____

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 _____

Joseph W. Phillips

Student Embalmer No. 429

working under my personal supervision.

Student

Joseph W. Phillips
Student Embalmer

Signed

Tom M. Harg

Licensed Embalmer No.

4067

P. O. Address

Columbia 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.