

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27574

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Pennsylvania b. COUNTY Beaver	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. LENGTH OF STAY (in this place) 8da	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Francis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alquippa 8370	
d. STREET ADDRESS (If rural, give location) 514 Wykes St		8	
3. NAME OF DECEASED a. (First) Fannie b. (Middle) Williams c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug 15, 1951
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 10, 1874
9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 2 Days 5	IF UNDER 1 HR. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Monroe, Louisiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Moore	13b. MOTHER'S MAIDEN NAME Celia Moore	14. NAME OF HUSBAND OR WIFE Cross Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jerre Hamlin, New York, N.Y.	
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.	18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage severe ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) C.R. Hemiplegia DUE TO (c) Hypertensive arteriosclerotic dis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 331X 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 8-9 , 1951, to 8-15 , 1951, that I last saw the deceased alive on 8-14 , 1951, and that death occurred at 7:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert W. Sumner M.D.		23b. ADDRESS Marceline, MO	23c. DATE SIGNED 8-16-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Aluippa, Pa.	24d. LOCATION (City, town, or county) (State) Aluippa, Pa.
DATE REC'D BY LOCAL REG. Aug 14, 1951	REGISTRAR'S SIGNATURE Mary Jane Owen 401	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Hamlin Marceline MO	

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

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1951 0 28 1951

Date Received: **AUG 28 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1511*
Date Filed: **AUG 28 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 *George W. Davolt*

Licensed Embalmer No. *4799*

P. O. Address *Marline, 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.