

STANDARD CERTIFICATE OF DEATH

30748

State File No.

FILED SEP 18 1951

BIRTH NO.		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5678</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Linncoln</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Linncoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lansville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lansville</u>		0590	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MORA</u>		b. (Middle) <u>BELL</u>		c. (Last) <u>WILLIAMS</u>	
4. DATE OF DEATH		(Month) <u>Aug</u>		(Day) <u>20</u>		(Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct 5 1867</u>	
9. AGE (In years, months, days)		<u>83</u>		10. UNDER 1 YEAR Days <u>10</u> Hours <u>20</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Lansville MO</u>	
10a. USUAL OCCUPATION (Give kind of work during most of life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lansville MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Samuel E. Ester</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Shackelford</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Geo. Knocks Cyrene MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arterio Sclerosis</u>	
		DUE TO (c) <u>Hypertension</u>				4201	
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				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) m.		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 <u>June 1950</u> to <u>Aug 25, 1951</u> , that I last saw the deceased alive on <u>July 3, 1951</u> , and that death occurred at <u>7:30 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. M. Packer, M.D.</u>				23b. ADDRESS <u>Silex MO.</u>		23c. DATE SIGNED <u>Aug. 27 '51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 27 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lansville</u>		24d. LOCATION (City, town, or county) (State) <u>Lansville MO</u>	
DATE REC'D BY LOCAL REG. <u>9-8-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kestly</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Larry Reed</u>		ADDRESS <u>Parsons</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

0590

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 10 1951

RECEIVED

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 Harold C. Kripe

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.