

STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1951

State File No. 31165

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—5880

BIRTH NO.		REG. DIST. NO. 390		PRIMARY REG. DIST. NO. 4442		Registrar's No. 6	
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 Higbee Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo.		0880	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Nannie # Elizabeth Williams.			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Sept 15 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1881 May 31 #0000#		9. AGE (in years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		11. BIRTHPLACE (State or foreign country) Randolph Co. 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Charley Wheeler.		13b. MOTHER'S MAIDEN NAME Pauline Jones		14. NAME OF HUSBAND OR WIFE Jenkins Williams.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jenkins Williams Higbee Mo			
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) gangrene of right foot ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetes mellitus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis				INTERVAL BETWEEN ONSET AND DEATH 10 days 20 years 30 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		260X	
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 Sept 1, 1951, to Sept 15, 1951, that I last saw the deceased alive on Sept 15, 1951, and that death occurred at 9:25A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Robinson D.O. 21				23b. ADDRESS Higbee, Mo.		23c. DATE SIGNED 9-16-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 17 1951		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Higbee Mo	
DATE REC'D BY LOCAL REG. Sept 17-51		REGISTRAR'S SIGNATURE Joe W. Burton 4578		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burton Funeral Home Higbee Mo			

SEP 17 1957

SEP 5 1957

SEP 19 1957

Date Filed: SEP 24 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 9-57-1680  
Date Filed: SEP 24 1957

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 *Ed J. Trueman*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.