

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32578

State File No.

FILED OCT 16 1951

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 257

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>815 Fay St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>815 Fay St.</u> | | d. STREET ADDRESS (If rural, give location) <u>815 Fay St.</u> | |

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|---|----------------------------------|--|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>ANN</u> c. (Last) <u>WILLIAMS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 9, 1951</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 3, 1866</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Franklin Ewing Glascock</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucy Mustain</u> | | 14. NAME OF HUSBAND OR WIFE <u>William Pinkney Williams</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.F. Williams, 815 Fay St., Columbia, Mo.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9-25-51</u> | |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial decompensation</u> | | | | <u>10-9-51</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Emaciation; Malnutrition</u> | | | | <u>8-1-51</u> | |
| | | DUE TO (c) <u>Senile Debility</u> | | | | <u>10-9-51</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|---|

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|--|--|---|
| 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) (Min.) | 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 8-1-1951 to Oct. 9, 1951, that I last saw the deceased alive on Oct. 9, 1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Walter Sparks, D.O.</u> | 23b. ADDRESS <u>311 C.C. Ave Columbia, Missouri</u> | 23c. DATE SIGNED <u>10-10-51</u> |
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|--|-----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 11, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Goshen Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Boone County, Mo.</u> |
|--|-----------------------------------|--|---|

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| DATE REC'D BY LOCAL REG. <u>Oct 10 1951</u> | REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service Columbia, Mo.</u> |
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECEIVED OCT 15 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 15 1951

NOV 3 0 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 Thas L. Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, Md

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.