

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36691

State File No.

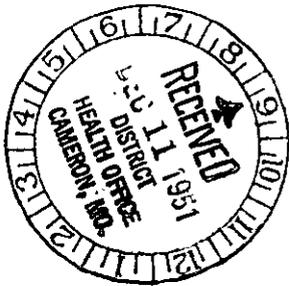
FILED DEC 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>91</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>128</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>23 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS A</u>		0242	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>810 WALNUT ST.</u>				d. STREET ADDRESS (If rural, give location) <u>810 WALNUT STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAISY</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 2, 1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 5, 1881</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>5</u>		11. DAYS <u>27</u>		12. IF UNDER 1 YEAR Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOHN WALP</u>		13b. MOTHER'S MAIDEN NAME <u>ADELINE KNAPPLE</u>		14. NAME OF HUSBAND OR WIFE <u>MARSHALL WILLIAMS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARSHALL WILLIAMS</u> ADDRESS <u>810 WALNUT ST. EXCELSIOR SPRINGS, MO.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple myeloma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemic-macrocytic</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>203X</u>		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) (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 <u>Oct 24, 1947</u> , to <u>Dec 2, 1951</u> , that I last saw the deceased alive on <u>Nov 27, 1951</u> , and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George E. Sanders M.D.</u>				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>12-4-51</u>	
24. BURIAL, CREMATION, REMOVAL (to what?) <u>BURIAL</u>		24b. DATE <u>12-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WINSTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WINSTON, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12/4/51</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		62		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence Richard</u> ADDRESS <u>Excelsior Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 15 1955

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Linde K. Jarnan*

Licensed Embalmer No. *4589*

P. O. Address *Evolution Springs, Ind.*

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.