

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2157

FILED JAN 22 1952

REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Maryville 0742	
d. FULL NAME OF HOSPITAL OR INSTITUTION McBride Nursing Home		d. STREET ADDRESS (If rural, give location) 411 North Mulberry 0	
3. NAME OF DECEASED (Type or Print) a. (First) ROSIE		b. (Middle) FLORENCE	
		c. (Last) WILLIAMS	
4. DATE OF DEATH (Month) (Day) (Year) 1 12 52		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 8/26/65		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (State or foreign country) Wilson Co., Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Elias Branick		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE Thomas Henry Williams, dec		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dilla Williams, Maryville, 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) Cerebral Arteriosclerosis 10 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 no operations 334X	
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)		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 Mar 28, 1942 , to Jan. 12, 1952 , that I last saw the deceased alive on Dec. 20, 1951 , and that death occurred at 12:15 P.m. , from the causes and on the date stated above.	
23a. SIGNATURE L. E. Dorian		23b. ADDRESS M. D. Maryville, Missouri	
23c. DATE SIGNED 1-14-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/15/52		24c. NAME OF CEMETERY OR CREMATORY Oak Hill	
24d. LOCATION (City, town, or county) (State) Maryville, Missouri		DATE REC'D BY LOCAL REG. 1-19 52	
REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

742
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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 Clara M. Prier.....

Licensed Embalmer No. 1822.....

P. O. Address Manlyth 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.