

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5889

FILED MAR 3 1952.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 50

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 OR TOWN MARYVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BURLINGTON JUNCTION	
c. LENGTH OF STAY (In this place) 1 HOUR		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LAVERTA b. (Middle) MAUDE c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) FEB 5 1952		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 18 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 8 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) QUITMAN MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME RUFUS ELLSWORTH	13b. MOTHER'S MAIDEN NAME MARTICIA FLORY	14. NAME OF HUSBAND OR WIFE ALBERT WILLIAMS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ALBERT WILLIAMS ADDRESS BURLINGTON JCT. MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis ? DUE TO (c) Coronary spasm ?		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb 4**, 1952, to **Feb. 5**, 1952, that I last saw the deceased alive on **Feb 5**, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. H. Dwyer (Degree or title) M.D.	23b. ADDRESS du ring will, miss	23c. DATE SIGNED 2/18/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-10-1952	24c. NAME OF CEMETERY OR CREMATORY OHIO	24d. LOCATION (City, town, or county) (State) BURLINGTON JCT MO
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DATE REC'D BY LOCAL REG. 3-1-52	REGISTRAR'S SIGNATURE Bess Bolt	FUNERAL DIRECTOR'S SIGNATURE J. H. ... ADDRESS BURLINGTON JCT MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. *2968*

P. O. Address *Burlington 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.