S. No. 300
v. 10.48

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

FILED FEB 18 1952

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7024

BIRTH NO. — REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena 1040
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Bell
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): Feb 9 1952

5. SEX: F 1

6. COLOR OR RACE: Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 17 1880

9. AGE (In years last birthday): 71
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greene Co. Mo 0

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: John J. McCracken

13b. MOTHER'S MAIDEN NAME: ?

14. NAME OF HUSBAND OR WIFE: Fred Williams - dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 2

17. INFORMANT'S SIGNATURE OR NAME: Mrs Nannie Smith
ADDRESS: Galena 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sarcoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 2 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: Oct 1951

19b. MAJOR FINDINGS OF OPERATION: Sarcoma of Colon 153X

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 9 Feb, 19 52, *that I last saw the deceased alive on* 8 Feb, 19 52, *and that death occurred at* 4:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jos Young M.D.

23b. ADDRESS: Gerna Mo

23c. DATE SIGNED: 11-Feb 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 10-1952

24c. NAME OF CEMETERY OR CREMATORY: Galena Mo

24d. LOCATION (City, town, or county) (State): Galena, Mo

DATE REC'D BY LOCAL REG.: Feb. 11-52.

REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brosman 317-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Everett L. Cheatham Galena Mo.

per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

AUG 25 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Everett G. Cheatham

Signed.....
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address.....

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.