

JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17681**

BIRTH NO. 124 REG. DIST. NO. 9 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 170

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| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins Route #1</u> | c. LENGTH OF STAY (in this place) <u>57 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elvins Route #1, Randolph Twp.</u> | | d. STREET ADDRESS (If rural, give location) <u>Elvins Route #1</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>L.</u> c. (Last) <u>Williams</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1952</u> | |
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| 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>Feb. 1, 1869</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>care of home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Elvins Route #1 Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
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| 13a. FATHER'S NAME <u>Newton Ritter</u> | 13b. MOTHER'S MAIDEN NAME <u>Paralee Dunham</u> | 14. NAME OF HUSBAND OR WIFE <u>Tom Williams</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Omer Barton Elvins Rt. #1 Mo.</u> | |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-renal vascular disease</u> DUE TO (c) <u>schism & senility</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>442x</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) | |
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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 May 19, 1952, to May 23, 1952, that I last saw the deceased alive on May 23, 1952, and that death occurred at 10:15 pm., from the causes and on the date stated above.

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| 22a. SIGNATURE <u>W.D. Ralphy</u> | (Degree or title) | 22b. ADDRESS <u>Blue River Mo</u> | 22c. DATE SIGNED <u>5/24/52</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>5/25/52</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Park View</u> | 23d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>May 26, 1952</u> | REGISTRAR'S SIGNATURE <u>Ethel Rudlo</u> | 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Z. Boyer & Son Desloge, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

5940

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 D. T. Royer

Licensed Embalmer No. 3660

P. O. Address Albany, 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.