

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30544

State File No.

SEP 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6200</u>		Registrar's No. <u>27</u>		
1. PLACE OF DEATH a. COUNTY <u>TEXAS 1070</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS 1070</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Morris ARK Twp</u>		c. LENGTH OF STAY (in this place) <u>10 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Morris ARK Twp</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRAVEL POINT</u>				d. STREET ADDRESS (If rural, give location) <u>GRAVEL POINT</u>				
3. NAME OF DECEASED (Type or Print) <u>MAUDE</u>			a. (First)		b. (Middle)		c. (Last) <u>WILLIAMS</u>	
4. DATE OF DEATH <u>Sept. 3 1952</u>		(Month) (Day) (Year)		5. SEX <u>F. I</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>APRIL 15 1880</u>		9. AGE (In years) <u>72</u>		IF UNDER 1 YEAR: Months <u>4</u> Days <u>18</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMED TAUGHT SCHOOL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL TEACHING</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS I</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>CALVIN WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>RHOEBE WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Austin Williams mty. Ark, Mo</u> ADDRESS <u>---</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				Syrn		
		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 _____				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 <u>2-21</u> , 19 <u>56</u> , to <u>8-16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-16</u> , 19 <u>52</u> , and that death occurred at <u>10:30 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. A. Craig, D.O.</u> (Degree or title)				23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>9-5-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>5-REMOVAL</u>		24b. DATE <u>Sept. 5/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>		24d. LOCATION (City, town, or county) (State) <u>CHETOPA KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>9-5-52</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos Barb</u>		ADDRESS <u>mty. Ark</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

1952
OCT 10 1952

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 Rev Barber

Licensed Embalmer No. 2846

P. O. Address City Home, ne

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.