

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38045

State File No.

FILED DEC 15 1952

REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5390 Registrar's No. 89

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

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) RURAL KEARNEY TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL KEARNEY TOWNSHIP	
c. LENGTH OF STAY (in this place) 5 YRS.		d. STREET ADDRESS (If rural, give location) 2 MILES SO. EAST OF KEARNEY	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JOHN	b. (Middle) WALLER	c. (Last) WILLIAMS	(Month) DEC.	(Day) 8	(Year) 1952

5. SEX MA	6. COLOR OR RACE WH	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 8, 1867	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months 8 Days 0	11. UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN W. WILLIAMS	13b. MOTHER'S MAIDEN NAME SARAH ELIZABETH WILLIAMS	14. NAME OF HUSBAND OR WIFE HARRIET I. WILLIAMS	DIED 1921
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MISS ALICE WILLIAMS	ADDRESS KEARNEY, MO. RT. 2
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	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 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 1948, to Dec 8, 1952, that I last saw the deceased alive on Dec 8, 1952, and that death occurred at 9:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>James H. Willoughby</i> (Degree or title)	23b. ADDRESS <i>Keary, Mo</i>	23c. DATE SIGNED <i>12-9-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-10-52	24c. NAME OF CEMETERY OR CREMATORY BARRY CEMETERY	24d. LOCATION (City, town, or county) (State) BARRY CLAY CO. MISSOURI
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DATE REC'D BY LOCAL REG. Dec. 10. 1952	REGISTRAR'S SIGNATURE <i>Minnie Haynes</i>	25. FUNERAL DIRECTOR'S SIGNATURE McGOMAS FUNERAL HOME	ADDRESS SMITHVILLE MO.
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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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Missouri

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.